


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90168 034 ****50.00

DOCUMENT # M05000004539			
1. Entity Name AMERIFIRST NATIONAL FINANCIAL OF FT. MYERS, LLC			
Principal Place of Business 8359 BEACON BLVD. FT. MYERS, FL 33907		Mailing Address 8359 BEACON BLVD. FT. MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2536 COUNTRYSIDE BLVD</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>6TH FLR.</i>	
City & State		City & State <i>CLEARWATER FL</i>	
Zip	Country	Zip <i>33763</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NORTH, HEATHER L 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. <i>MGR.</i> ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTH, TIMOTHY O <input checked="" type="checkbox"/> Delete 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-ST-ZIP	National Development Services, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LLC 2536 Countryside Bld 6 th Floor Clearwater FL 33763 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>[Signature]</i> TIMOTHY O NORTH		Date: <i>3-12-07</i>	Daytime Phone #: <i>727-726-0726</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

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4. FEI Number 20-2955207 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required