

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003282

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** INTERSTATE FIRST FINANCIAL OF MARTIN COUNTY, L.L.C.

**Current Principal Place of Business:**

900 SE OCEAN BLVD  
D130 #27  
STUART, FL 349943501

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 15059  
CLEARWATER, FL 33766

**New Mailing Address:**

FEI Number: 20-4981316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIGHTOWER, R NATHAN ESQ  
2536 COUNTRYSIDE BLVD., 6TH FL  
CLEARWATER, FL 33763 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AL AMERIFIRST, LLC,  
Address: 2536 COUNTRYSIDE BLD 6TH FLOOR  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY O NORTH

MGRM

03/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date