

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


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

03-23-2007 90168 029 ****50.00

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02272007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M06000004645																													
1. Entity Name AMERIFIRST NATIONAL FINANCIAL OF CLEARWATER, L.L.C.																													
Principal Place of Business 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763			Mailing Address 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763																										
2. Principal Place of Business - No P.O. Box # <i>2536 COUNTRYSIDE BLVD.</i>		3. Mailing Address																											
Suite, Apt. #, etc. <i>SUITE 102.</i>		Suite, Apt. #, etc.																											
City & State <i>CLEARWATER FL</i>		City & State		4. FEI Number 20-5349514																									
Zip <i>33763</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
NORTH, HEATHER L ESQ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS																													
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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		3-12-07																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone # 727-726-0726																								