

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000434

**FILED**  
**Apr 09, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

2536 COUNTRYSIDE BLVD. 6TH FLOOR  
CLEARWATER, FL 33763

**New Principal Place of Business:**

150 E BLOOMINGDALE AVE  
#192  
BRANDON, FL 33511

**Current Mailing Address:**

2536 COUNTRYSIDE BLVD. 6TH FLOOR  
CLEARWATER, FL 33763

**New Mailing Address:**

FEI Number: 20-8250369

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORTH, HEATHER L ESQ.  
2536 COUNTRYSIDE BLVD. 6TH FLOOR  
CLEARWATER, FL 33763 US

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

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

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: R NATHAN HIGHTOWER

04/09/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NORTH, TIMOTHY O  
Address: 2536 COUNTRYSIDE BLVD. 6TH FLOOR  
City-St-Zip: CLEARWATER, FL 33763

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AL AMERIFIRST, LLC,  
Address: 2536 COUNTRYSIDE BLVD. 6TH FLOOR  
City-St-Zip: CLEARWATER, FL 33763

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

MGR

04/09/2008

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