

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 MAY 10 PM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A06000000136</b> 1. Entity Name CITIFIRST TRUST, LTD.					
Principal Place of Business 3201 SW 34TH AVENUE, SUITE 201 OCALA, FL 34474			Mailing Address 3201 SW 34TH AVENUE, SUITE 201 OCALA, FL 34474		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number  Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  PRIEST, JOHN 3201 SW 34TH AVENUE, SUITE 201 OCALA, FL 34474				7. Name and Address of New Registered Agent  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.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L06000009182		STREET ADDRESS		
NAME	CITIFIRST CAPITAL MANAGEMENT, LLC		CITY - ST - ZIP	<div style="border: 1px solid black; padding: 2px;">           400103049014            05/23/07--01007--019 **500.00         </div>	
STREET ADDRESS	3201 SW 34TH AVENUE, SUITE 201		STREET ADDRESS		
CITY - ST - ZIP	OCALA, FL 34474		CITY - ST - ZIP		
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STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 4/10/07 239 481 8142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #