




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90050 021 ****50.00

DOCUMENT # L04000068769 1. Entity Name CITIZENS FIRST TRUST COMPANY, LLC					
Principal Place of Business 1060 LAKE SUMTER LANDING THE VILLAGES, FL 32162			Mailing Address 1060 LAKE SUMTER LANDING THE VILLAGES, FL 32162		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 580 Suite, Apt. #, etc.			
City & State		City & State The Villages, FL			
Zip		Zip 32158-0580			
Country		Country USA			
4. FEI Number 20-1673934				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KILLINGSWORTH, T. M 1050 LAKE SUMTER LANDING THE VILLAGES, FL 32162			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRIDGES, CLIFTON L MD 6525 SUNNYSIDE DR. LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Sher, Craig H. 9055 Baywood Park Drive Seminole, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROOKS, W. THOMAS 206 N 3RD ST. LEESBURG, FL 34748	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brooks, W. Thomas 416 Brooks Lane Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURTIS, WARD J JR 1904 KANSAS AVE. NE ST PETERSBURG, FL 33703	<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	MGRM DAVIS, GARY W PO BOX 580 THE VILLAGES, FL 321580580	<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	MGRM KILLINGSWORTH, T. MICHAEL 1050 LAKE SUMTER LANDING THE VILLAGES, FL 32162	<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	MGRM MAHAFFEY, MARK T 1834 BRIGHTWATERS BLVD. NE ST. PETERSBURG, FL 33704	<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:  Gary W. Davis 1/10/06 352-751-2199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					