



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		3. Mailing Address P.O. Box 580	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State The Villages, FL	
Zip	Country	Zip	Country
		32158-0580	USA
01102006		Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-1673934		Applied For Not Applicable	
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	
KILLINGSWORTH, T. M 1050 LAKE SUMTER LANDING THE VILLAGES, FL 32162		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. (NOTE: Registered Agent signature required when reinstating)</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	MGRM	TITLE	MGRM
NAME	BRIDGES, CLIFTON L MD <input type="checkbox"/> Delete	NAME	Sher, Craig H. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6525 SUNNYSIDE DR.	STREET ADDRESS	9055 Baywood Park Drive
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Seminole, FL 33777
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, W. THOMAS	NAME	Brooks, W. Thomas
STREET ADDRESS	206 N 3RD ST.	STREET ADDRESS	416 Brooks Lane
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg, FL 34748
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	
NAME	CURTIS, WARD J JR	NAME	
STREET ADDRESS	1904 KANSAS AVE. NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 33703	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	
NAME	DAVIS, GARY W	NAME	
STREET ADDRESS	PO BOX 580	STREET ADDRESS	
CITY-ST-ZIP	THE VILLAGES, FL 321580580	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	
NAME	KILLINGSWORTH, T. MICHAEL	NAME	
STREET ADDRESS	1050 LAKE SUMTER LANDING	STREET ADDRESS	
CITY-ST-ZIP	THE VILLAGES, FL 32162	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	
NAME	MAHAFFEY, MARK T	NAME	
STREET ADDRESS	1834 BRIGHTWATERS BLVD. NE	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG, FL 33704	CITY-ST-ZIP	
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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	
		1/15/06	
		352-751-2199	
		Daytime Phone #	