## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## FILED Jan 12, 2007 8:00 am Secretary of State

DOCUMENT # L0400068769  1. Entity Name CITIZENS FIRST TRUST COMPANY, LLC						01-12-2007	90031 04	12 ****5	0.00
Principal Place of Business 1060 LAKE SUMTER LANDING THE VILLAGES, FL 32162		Mailing Address PO BOX 580 THE VILLAGES, FL 32158-0580			1 (AT)(A)	III SAM AIYN ZON APNI FAN	it Dälfb Briwi reij	1 <b>183</b> 10 01410 40	18 <b>9</b> 1 ((1 1884
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01022007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Numl 20-16			_ <del></del>	oplied For ot Applicable
Zip	Country	Zip				e of Status Desired	F	5.00 Add ee Require	ditional
	6. Name and Address of Current		7. Name and Address of New Registered Agent						
KILLINGSWORTH, T. M 1050 LAKE SUMTER LANDING				Name Street Address (P.O. Box Number is Not Acceptable)					
THE VILLAGES, FL 32162			-					-	
8. The above named entity submits this statement for the currence of charging its						- -	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE									
DATE DATE									
D	lling Fee Is \$50.00 ue by May 1, 2007					check pay Departmen		•	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGRM BRIDGES, CLIFTON L MD	☐ Delete	TITLE	MGRM				Change	X Addition
STREET ADDRESS	6525 SUNNYSIDE DR.		NAME STREET ADORE	I	, Craig H				
CITY-ST-ZIP	LEESBURG, FL 34748		CITY-ST-ZIP	-   5055		Park Drive			Ì
TITLE	MGRM	Delete	TITLE	Semi	nole, FL	33///		Change	Addition
NAME	BROOKS, THOMAS W		NAME				,	Change	☐ Audition
STREET ADDRESS	416 BROOKS LANE		STREET ADDRE	ss					
CITY-ST-ZIP	LEESBURG, FL 34748 MGRM	_ <del></del>	CITY-ST-ZIP						
TITLE NAME	CURTIS, WARD J JR	☐ Delete	TITLE NAME				I	Change	☐ Addition
STREET ADDRESS	1904 KANSAS AVE. NE		STREET ADDRE	ss					
CITY-ST-ZIP	ST PETERSBURG, FL 33703		CITY-ST-ZIP	1					,
TITLE	MGRM	☐ Delete	TUTLE	_		<del>-</del>		Change	Addition
NAME	DAVIS, GARY W		NAME						
STREET ADDRESS CITY-ST-ZIP	PO BOX 580 THE VILLAGES, FL 321580580		STREET ADDRE	ss					
TITLE	MGRM		CITY-ST-ZIP		·w-	<del></del>			
NAME	KILLINGSWORTH, T. MICHAEL	☐ Delete	TITLE NAME				[	Change	Addition
STREET ADDRESS	1050 LAKE SUMTER LANDING		STREET ADDRE	ss					ļ
CITY-ST-ZIP	THE VILLAGES, FL 32162		CITY-ST-ZIP	-					
TITLE	MGRM	☐ Delete	TITLE		31.			Change	Addition
NAME	MAHAFFEY, MARK T	_	NAME					•	
STREET ADDRESS CITY-ST-ZIP	1834 BRIGHTWATERS BLVD. NE ST. PETERSBURG, FL 33704	=	STREET ADDRE	SS					[
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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

Gary W. Davis

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE