2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000068769

Entity Name: CITIZENS FIRST TRUST COMPANY, LLC

FILED May 14, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1060 LAKE SUMTER LANDING THE VILLAGES, FL 32162

Current Mailing Address: New Mailing Address:

PO BOX 580

THE VILLAGES, FL 321580580

FEI Number: 20-1673934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KILLINGSWORTH, T. M

1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

HUDSON, BRIAN D ESQ.
1028 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 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: BRIAN D. HUDSON, ESQ. 05/14/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition Name: BRIDGES, CLIFTON L MD Name:

 Address:
 6525 SUNNYSIDE DR.
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BROOKS, THOMAS W
 Name:

 Address:
 416 BROOKS LANE
 Address:

 City-St-Zip:
 LEESBURG, FL 34748
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CURTIS, WARD J JR
 Name:

 Address:
 1904 KANSAS AVE. NE
 Address:

 City-St-Zip:
 ST PETERSBURG, FL 33703
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 DAVIS, GARY W
 Name:

 Address:
 PO BOX 580
 Address:

 City-St-Zip:
 THE VILLAGES, FL 321580580
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 KILLINGSWORTH, T. MICHAEL
 Name:

 Address:
 1050 LAKE SUMTER LANDING
 Address:

 City-St-Zip:
 THE VILLAGES, FL 32162
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MAHAFFEY, MARK T
 Name:

 Address:
 1834 BRIGHTWATERS BLVD. NE
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33704
 City-St-Zip:

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: THOMAS BROOKS MGRM 05/14/2008