

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
May 14, 2008
Secretary of State**

DOCUMENT# L04000068769

Entity Name: CITIZENS FIRST TRUST COMPANY, LLC

Current Principal Place of Business:

1060 LAKE SUMTER LANDING
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

PO BOX 580
THE VILLAGES, FL 321580580

New Mailing Address:

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

Name and Address of Current Registered Agent:

KILLINGSWORTH, T. M
1050 LAKE SUMTER LANDING
THE VILLAGES, FL 32162 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: BRIDGES, CLIFTON L MD
Address: 6525 SUNNYSIDE DR.
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: BROOKS, THOMAS W
Address: 416 BROOKS LANE
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: CURTIS, WARD J JR
Address: 1904 KANSAS AVE. NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM () Delete
Name: DAVIS, GARY W
Address: PO BOX 580
City-St-Zip: THE VILLAGES, FL 321580580

Title: MGRM (X) Delete
Name: KILLINGSWORTH, T. MICHAEL
Address: 1050 LAKE SUMTER LANDING
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: MAHAFFEY, MARK T
Address: 1834 BRIGHTWATERS BLVD. NE
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
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
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date