

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90014 010 ****55.00

DOCUMENT # L05000021286

1. Entity Name
FIRST FINANCIAL COMPANY, LLC



Principal Place of Business
**C/O CRIFASI REAL ESTATE, INC.
2375 TAMiami TRAIL NORTH, SUITE 280C
NAPLES, FL 34103**

Mailing Address
**C/O CRIFASI REAL ESTATE, INC.
2375 TAMiami TRAIL NORTH, SUITE 280C
NAPLES, FL 34103**

60067041



2. Principal Place of Business

3. Mailing Address

C/O Crifasi Enterprises, Inc. Suite, Apt. #, etc.

03282006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

202427854

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**R & A AGENTS, INC.
850 PARK SHORE DRIVE, THIRD FLOOR
NAPLES, FL 34103**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **CO-MANAGER** ☐ Delete
NAME **Crifasi Enterprises, Inc.**
STREET ADDRESS **2375 TAMiami TRAIL North, Ste. 208-C**
CITY-ST-ZIP **NAPLES, FLORIDA 34103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CO-MANAGER** ☐ Delete
NAME **JAMES BOUGHTON**
STREET ADDRESS **6645 WILLOW PARK Drive, Ste. 200**
CITY-ST-ZIP **NAPLES, FLORIDA 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: First Financial Company LLC
3/16/06 237-594-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #