
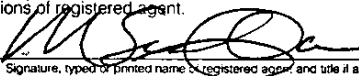
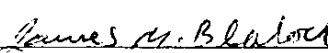


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90353 034 \*\*\*\*50.00

<b>DOCUMENT # L05000093011</b> 1. Entity Name <b>COMMUNITY FIRST, LLC</b>					
Principal Place of Business <b>4576A HIGHWAY 20 EAST NICEVILLE, FL 32578</b>			Mailing Address <b>336 RIVERCHASE BLVD CRESTVIEW, FL 32536</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 399</b> Suite, Apt. #, etc.			
City & State		City & State <b>CRESTVIEW, FL</b>			
Zip <b>32536</b>	Country	Zip <b>32536</b>	Country	4. FEI Number <b>57-1224410</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DAVIS, MICHAEL S 336 RIVERCHASE BLVD CRESTVIEW, FL 32536</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  <b>MICHAEL S. DAVIS</b> <span style="float: right;">10 MARCH 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, MICHAEL S 336 RIVERCHASE BLVD. CRESTVIEW, FL 32536 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SHERRY L CAMPBELL</b> <b>716 ADAMS DR</b> <b>CRESTVIEW, FL 32536</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WRIGHT, LARRY A 4576A HIGHWAY 20 EAST NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LARRY Y ANCHORS</b> <b>1535 ISLAND GREEN LANE</b> <b>MIRAMAR BEACH, FL 32559</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOODY, JOHN M 1100 EAST HIGHWAY 98 DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JOSEPH S FRANEY</b> <b>930 GULFSHORE DR</b> <b>DESTIN, FL 32541</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLALOCK, JAMES M 1015 STANLEY LANE BAKER, FL 32531 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>R. LEE THIGPEN</b> <b>1005 CARRI CT</b> <b>CRESTVIEW, FL 32539</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, JAMES M III 4576A HIGHWAY 20 EAST NICEVILLE, FL 32578 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <b>JAMES M. BLALOCK</b> <span style="float: right;">10 MAR 06 850-683-8822</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					