
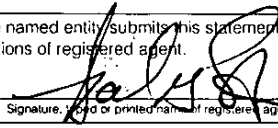
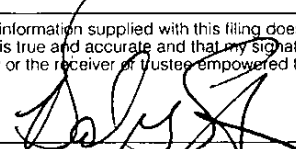


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90197 027 \*\*\*\*50.00

<b>DOCUMENT # L05000101190</b> 1. Entity Name <b>FIRST FLORIDA HOLDINGS, LLC</b>					
Principal Place of Business <b>226 N. NOVA ROAD SUITE 109 ORMOND BEACH, FL 32174 US</b>			Mailing Address <b>226 N. NOVA ROAD SUITE 109 ORMOND BEACH, FL 32174 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		04242007    Chg-LLC    CR2E083 (12/06)	
City & State  Zip                      Country		City & State  Zip                      Country		4. FEI Number <b>20-3641585</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>SMITH, DANIEL G 337 NORTH 12TH ST FLAGLER BEACH, FL 32136</b>			7. Name and Address of New Registered Agent Name <b>Smith DANIEL G</b> Street Address (P.O. Box Number is Not Acceptable) <b>226 N NOVA RD Ste 109</b> City <b>ORMOND BEACH</b> <b>FL</b> Zip Code <b>32174</b>		
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  <small>Signature, typed or printed name of registered agent, and title if applicable.</small>		<b>DANIEL G SMITH</b> <small>(None. Registered Agent signature required when reinstating)</small>		DATE <b>4-30-07</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	MGR SMITH, DANIEL G <del>337 NORTH 12TH ST</del> <del>FLAGLER BEACH, FL 32136</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>226 N NOVA RD Ste 109</b> <b>ORMOND BEACH FL 32174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOLLOWAY, WILLIAM 226 N NOVA RD ORMOND BEACH, FL 32174	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4/30/07</b> DAYTIME PHONE # <b>386 285 0889</b>		