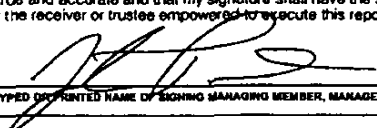


**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90367 050 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                                                                                                      |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000009182</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                     |                                                                   |
| 1. Entity Name<br><b>CITIFIRST CAPITAL MANAGEMENT, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                          |                                                                                                                                      |                                                                   |
| Principal Place of Business<br><b>3201 SW 34TH AVENUE, SUITE 201<br/>OCALA, FL 34474</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          | Mailing Address<br><b>3201 SW 34TH AVENUE, SUITE 201<br/>OCALA, FL 34474</b>                                                         |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          | 3. Mailing Address                                                                                                                   |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          | Suite, Apt. #, etc.                                                                                                                  |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | City & State                                                                                                                         |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                                  | Zip                                                                                                                                  | Country                                                           |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>                                              |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                          | \$5.00 Additional Fee Required                                                                                                       |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>PRIEST, JOHN<br/>3201 SW 34TH AVENUE, SUITE 201<br/>OCALA, FL 34474</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 obligation of registered agent.                                                                                                                                                                                                                                                                             |                                                                                                          |                                                                                                                                      |                                                                   |
| SIGNATURE: _____ (NOTE: Registered Agent signature required when renewing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                                                                                      |                                                                   |
| Filing fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          | Make check payable to:<br>Florida Department of State                                                                                |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          | 10. ADDITIONS/CHANGES                                                                                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>PRIEST, JOHN<br>3201 SW 34TH AVENUE, SUITE 201<br>OCALA, FL 34474 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>HALL, ERIC<br>3201 SW 34TH AVENUE, SUITE 201<br>OCALA, FL 34474 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>HOWARD, FRED<br>3201 SW 34TH AVENUE, SUITE 201<br>OCALA, FL 34474 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                                                          |                                                                                                                                      |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          | Date <b>4/20/07</b> 239<br>Daytime Phone # <b>481-8442</b>                                                                           |                                                                   |