


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90041 035 \*\*\*\*55.00

<b>DOCUMENT # L06000068219</b>			
1. Entity Name <b>SERVICE FIRST REALTY OF FLORIDA, LLC</b>			
Principal Place of Business <b>65 SCHULTZ COURT HAVANA, FL 32333 US</b>		Mailing Address <b>65 SCHULTZ COURT HAVANA, FL 32333 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Same As Above</i>		City & State <i>Same As Above</i>	
Zip	Country	Zip	Country
4. FEI Number: <b>59-3842012</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>YOUNGBLOOD-SHAW, MARY 65 SCHULTZ COURT HAVANA, FL 32333</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YOUNGBLOOD-SHAW, MARY 65 SCHULTZ COURT HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <i>Mary Youngblood-Shaw</i>		4/24/07 (852) 553-1142	
SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	