

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108499

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** FIRST FINANCIAL OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1858 N. ALAFAYA TRAIL  
SUITE 100 B  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

1858 N. ALAFAYA TRAIL  
SUITE 100 B  
ORLANDO, FL 32826 US

**New Mailing Address:**

FEI Number: 20-5879716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLETCHER, JONATHAN S  
651 LAKEHAVEN CIRCLE  
ORLANDO, FL 32828 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLETCHER, SHARON M  
Address: 1858 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826 US

Title: MGRM ( ) Delete  
Name: REYNOLDS, TERRY E  
Address: 1858 N. ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHARON M FLETCHER

MRS

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date