

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042363

**FILED**  
**Aug 20, 2010**  
**Secretary of State**

**Entity Name:** FIRST AMERICAN TRUST OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1805 SE 16TH AVENUE, SUITE 201  
OCALA, FL 34471

**New Principal Place of Business:**

1805 SE 16TH AVENUE, SUITE 201  
OCALA, FL 34471 US

**Current Mailing Address:**

P.O. BOX 2543  
OCALA, FL 344782543

**New Mailing Address:**

P.O. BOX 2543  
OCALA, FL 344782543 US

**FEI Number:** 26-2846561

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CRAY, DAVID A  
1805 SE 16TH AVENUE, SUITE 201  
OCALA, FL 34471 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  
Name: CRAY, DAVID A  
Address: P.O. BOX 2543  
City-St-Zip: Ocala, FL 344782543

I hereby 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: DAVID A. CRAY

MGRM

08/20/2010

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