

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90094 050 \*\*\*\*50.00

**DOCUMENT # M04000004084**

1. Entity Name  
**CITIZENS FINANCIAL COMPANY OF AMERICA, L.L.C.**



Principal Place of Business  
**10661 AIRPORT DRIVE, SUITE 15  
 NAPLES, FL 34109**

Mailing Address  
**10661 AIRPORT DRIVE, SUITE 15  
 NAPLES, FL 34109**



2. Principal Place of Business  
**9975 Tamiami Trail N.**

3. Mailing Address  
**9975 Tamiami Trail N.**

Suite, Apt. #, etc.  
**Suite 2**

06202005 Chg-LLC CR2E083 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples, FL**

4. FEI Number  
**20-1578700**

Applied For  
 Not Applicable

Zip  
**34108**

Country  
**USA**

Zip  
**34108**

Country  
**USA**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**DRAPER, STEPHEN R  
 1036 GRAND ISLE DRIVE  
 NAPLES, FL 34108**

7. Name and Address of Now Registered Agent

Name  
**Stephen R. Draper**

Street Address (P.O. Box Number is Not Acceptable)  
**9975 Tamiami Trail N. Suite 2**

City  
**Naples**

FL Zip Code  
**34108**

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 *Stephen R. Draper* (NOTE: Registered Agent signature required when reinstating) DATE **6-30-05**

**Filing Fee is \$50.00  
 Due by September 7, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MURPHY, CHAD	
STREET ADDRESS	10661 AIRPORT DRIVE, SUITE 15	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DRAPER, STEPHEN R	
STREET ADDRESS	3071 COMMERCE DRIVE	
CITY-ST-ZIP	FORT GRATIOT, MI 48059	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Murphy, Chad	
STREET ADDRESS	9975 Tamiami Trail N. Ste 2	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Draper, Stephen R.	
STREET ADDRESS	9975 Tamiami Trail N. Ste 2	
CITY-ST-ZIP	Naples, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Stephen R. Draper* DATE: **6-30-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE