

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # M04000004084

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



Principal Place of Business
**9975 TAMiami TRAIL NORTH
SUITE 2
NAPLES, FL 34108**

Mailing Address
**9975 TAMiami TRAIL NORTH
SUITE 2
NAPLES, FL 34108**



02032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1578700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DRAPER, STEPHEN R
9975 TAMiami NORTH, SUITE 2
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, CHAD 9975 TAMiami TRAIL NORTH, SUITE 2 NAPLES, FL 34108
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRAPER, STEPHEN R 9975 TAMiami TRAIL NORTH, SUITE 2 NAPLES, FL 34108
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000538273
05/09/06-80051-005 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

Stephen R Draper

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

Date

Daytime Phone #

239-
4-20-06 596-4910