

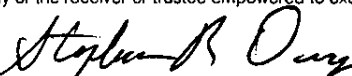


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90370 030 \*\*\*\*50.00

<b>DOCUMENT # M04000004084</b> 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		
2. Principal Place of Business - No P.O. Box # 1004 COLLIER CENTER WAY		3. Mailing Address 1004 COLLIER CENTER WAY			
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106			
City & State NAPLES FL		City & State NAPLES FL		03192007 Chg-LLC CR2E083 (12/06)	
Zip 34110		Country		4. FEI Number 20-1578700	
5. Certificate of Status Desired <input 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1004 COLLIER CENTER WAY Suite 106 City NAPLES FL Zip Code 34110		
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 reinstating)		DATE 4-1-07	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, CHAD 9975 TAMiami TRAIL NORTH, SUITE 2 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1004 COLLIER CENTER WAY, SK 106 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRAPER, STEPHEN R 9975 TAMiami TRAIL NORTH, SUITE 2 NAPLES, FL 34108	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1004 COLLIER CENTER WAY, SK 106 NAPLES FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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: 		DATE 4-1-07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	