2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # M0400004873 1. Entity Name AMERIFIRST NATIONAL FINANCIAL, LLC							04-02-200)/ 90441 (J38 *****3I	0.00
Principal Place of Business 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763 Mailing Address 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763				TH FLOOF	₹	1 18819844 174 8	12 1 2 2 0	ipin spai poju ĝ		Ket lit tani
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			-	03072007	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State				4. FEI Number 20-1378			— —	plied For t Applicable
Zip	Country	Zip Countr		try		5. Certificate of	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Address of Current I	Registered Agent				7. Name and	Address of New	Registered	Agent	
				Name						
NORTH, HEATHER 2536 COUNTRYSIDE BLVD., SIXTH FLOOR CLEARWATER, FL 33763				Street A	ddress (P	.O. Box Numbe	r is Not Accepta	ble)		
•	>			City					Zin Code	
·			City					F <u>L</u>	Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	registere	d agent, or both	n, in the State of	Florida, I am	familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTI	E: Registere	d Agent signatu	ure required v	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007										
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Fi Di	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				ADDITION	Ida Departn	nent of State	
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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 receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JO TYPED OR PRINTED JAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727-726-0726. Daytime Phone #