

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000048 1. Entity Name NATIONS FIRST FINANCIAL, L.L.C.	
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Principal Place of Business 305 WEST BIG BEAVER, SUITE 102 TROY, MI 48084	Mailing Address 305 WEST BIG BEAVER, SUITE 102 TROY, MI 48084
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01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3498183	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

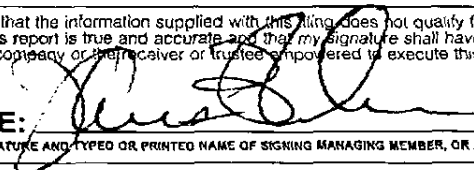
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRINKER, JAMES 305 WEST BIG BEAVER, SUITE 102 TROY, MI 48084
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04/19/06-80035-025 50.00

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

3/28/06 248 504 1788
Date Daytime Phone