2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000000460

1. Entity Name

, ... **

AMERIFIRST NATIONAL FINANCIAL OF PEMBROKE PINES LLC



FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763

2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763



02032006 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number				
	20-1720699				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

727-726-0726

6. Name and Address of Current Registered Agent

NORTH, HEATHER L 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763

DO NOT WRITE IN THIS SPACE

		}	,			
	named entity submits this statement for the purpose of changi tions of registered agent.	ng its registered office	or registered agent, or both, in the St.	ate of Fiorida 1 am familiar with, and accept		
SIGNATURE						
	adjustice. About a business search adjustices adjustices and etter in abbus series.	INDIE HEUSISISSE AGENTSIG	reme reduce with territorials.	DATE:		
F)	iling Fee is \$50.00 ue by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, TIMOTHY 2536 COUNTRYSIDE BLVD, 6TH FLOOR CLEARWATER, FL 33763			00000474982		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			04/04/06-80041-012 50.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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

TIMOTHY U. NORTH