


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90168 034 ****50.00

DOCUMENT # M05000004539					
1. Entity Name AMERIFIRST NATIONAL FINANCIAL OF FT. MYERS, LLC					
Principal Place of Business 8359 BEACON BLVD. FT. MYERS, FL 33907		Mailing Address 8359 BEACON BLVD. FT. MYERS, FL 33907			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2536 COUNTRYSIDE BLVD</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>6TH FLR.</i>			
City & State		City & State <i>CLEARWATER FL</i>		4. FEI Number 20-2955207	
Zip		Zip <i>33763</i>		Applied For <input type="checkbox"/> Not Applicable	
Country		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NORTH, HEATHER L 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. <i>MGR.</i> ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTH, TIMOTHY O 2536 COUNTRYSIDE BLVD. 6TH FLOOR CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	National Development Services, <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LLC 2536 Countryside Bld 6 th Floor Clearwater FL 33763 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <i>[Signature]</i> <u>TIMOTHY O NORTH</u>			Date: <u>3-12-07</u>		Daytime Phone #: <u>727-726-0726</u>