

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2007 90168 035 ****50.00

DOCUMENT # M06000003282						
1. Entity Name AMERIFIRST NATIONAL OF MARTIN COUNTY LLC						
Principal Place of Business OFFICE 27 OF SUITE D-130 STUART, FL 34994-3501			Mailing Address OFFICE 27 OF SUITE D-130 STUART, FL 34994-3501			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2536 COUNTRYSIDE BLVD Suite, Apt. #, etc. 6TH FLR City & State CLEARWATER FL Zip 33763 Country USA				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip 33763 Country USA				
4. FEI Number 20-4981316			Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NORTH, HEATHER 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER, FL 33763			7. Name and Address of New Registered Agent 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. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NORTH, TIMOTHY O 2536 COUNTRYSIDE BLVD., 6TH FL CLEARWATER, FL 33763		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR National Development Services, LLC 2536 Countryside Bld 6th Floor Clearwater FL 33763	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		
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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: _____			3-12-07 727-726-0224			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE						