

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

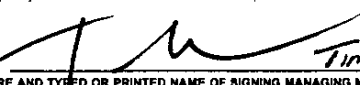
**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90168 029 \*\*\*\*50.00

60028122



02272007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # M06000004645</b>					
1. Entity Name <b>AMERIFIRST NATIONAL FINANCIAL OF CLEARWATER, L.L.C.</b>					
Principal Place of Business <b>2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763</b>			Mailing Address <b>2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763</b>		
2. Principal Place of Business - No P.O. Box # <b>2536 COUNTRYSIDE BLVD.</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>SUITE 102.</b>			Suite, Apt. #, etc.		
City & State <b>CLEARWATER FL</b>		City & State		4. FEI Number <b>20-5349514</b>	
Zip <b>33763</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>NORTH, HEATHER L ESQ 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City <b>FL</b> 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORTH, TIMOTHY O <input checked="" type="checkbox"/> Delete 2536 COUNTRYSIDE BLVD 6TH FLOOR CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM National Development Services LLC 2536 Countryside Bld 6 <sup>th</sup> Floor Clearwater FL 33763 <input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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:  <b>TIMOTHY O. NORTH</b>			Date <b>3-12-07</b> Daytime Phone # <b>727-726-0726</b>		