

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000019643

1. Entity Name

FIRST COAST HOMES DEVELOPMENT, LLC

Principal Place of Business

7180 EAST ORCHARD ROAD, STE. 102
ENGLEWOOD CO 80111

Mailing Address

7180 EAST ORCHARD ROAD, STE. 102
ENGLEWOOD CO 80111

41263

2. Principal Place of Business

7180 E ORCHARD RD

Suite, Apt. #, etc.

#210

City & State

CENTENNIAL, CO 80111

Zip

80111

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-4491662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE: MANAGING MEMBER
NAME: CARLO MARZANO
STREET ADDRESS: 7180 E ORCHARD RD #210
CITY-ST-ZIP: CENTENNIAL, CO 80111

TITLE: MANAGING MEMBER
NAME: THOMAS WENGH
STREET ADDRESS: 7180 E ORCHARD RD #210
CITY-ST-ZIP: CENTENNIAL CO 80111

TITLE: MEMBER
NAME: TIM KLEIN
STREET ADDRESS: 7180 E ORCHARD RD #210
CITY-ST-ZIP: CENTENNIAL CO 80111

TITLE: MEMBER
NAME: CHIARA MARZANO /member
STREET ADDRESS: 7180 E ORCHARD RD
CITY-ST-ZIP: CENTENNIAL CO 80111

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

Date

303-893-9620

Daytime Phone #

CR2E083 (4/02)