	NIFORM BU	SINE	SS REPO	RT (UI	BR)			I		٠,	
DOCUME 1. Entity Name			08785	,			•	,			
FIRST COLONY HOMES LLC					• *	FILE	ED.	1			
Principal Place of B	usiness	Mai	ling Address	3.5	-01 J l	N 21	PN 12: 01		•	\	
2120 US 1 SOUTH			PO BOX 861053SECRE			ARY (FSTATE			V	
ST. AUGUSTINE FL	32086	· ST	. AUGUSTINE FL 3208	6	TALLAH	ASSEE	, FLORIDA	•		<i>]</i> .	
				• •							
2. Principal Place of	f Business	3. M	lailing Address				I IBRIJAN ON BRIG BOIN B	AFII ADIAI OORII 186 !			
Suite, Apt. #, etc.		Si	Suite, Apt. #, etc.				DO NOT	WRITE IN THI	S SPACE	1	
City & State		C	City & State			4. FEI Number Applied For :					
Zip Country		7	Zip C					65 79 75 Not Applicable			
			'		5. Certificate of Status Desi			ed ¦ 🔲	d S5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
BRANNON, LINDA L				pet Address (P.O. Box Number is Not Acceptable)							
630 EAST BIANCA CIRCLE			Street A			.0. 00x 1	Idiliber is Not Accep	···		· · · · · · · · · · · · · · · · · · ·	
ST. AUGUSTINI	E FL 32086		 =				<u> </u>				
				City				F	Zip Cod	de 	
8. The above named	d entity submits this statement	t for the pui	rpose of changing its	registered office	or registere	ed agent,	or both, in the State o	of Florida.			
SIGNATURE	e, typed or printed name of registered ag	ent and title if a	policable /NOTE	: Registered Agent sig	nont un enquire d					<u>:</u> *	
<u>.</u>	7,5	1				WHEN TEINSLEIN	50000	1450		1	
	•		FILE NO Make Check Pa	OW!!! FEE IS yable to Depa		State		05/01(⊭¥50.00]8011(]****		
9.	MANAGING MEN	ADEDS /ME								.0.00	
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CITY-ST-ZIP				CITY-ST-ZIP	Sr.	AUG	USCINE F	circii L 320	86		
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NAME STREET ADDRESS				NAME				ļ)		, vaccinou	
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CITY-SY-ZIP				CfTY-ST-ZIP			-	1			
TITLE "	•		☐ Delete	TITLE NAME		÷			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	•			STREET ADDRESS	3						
11. I hereby certify th	at the information supplied w	ith this filing	does not qualify for	CITY-ST-ZIP	tated in Sec	tion 119 0	7(3)(i) Florida Statut	as I further on	rtify that the in	Normation .	
	report is true and accurate an mpany or the receiver or trust							naging memb	er or manage	of the	