

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90171 039 \*\*\*\*50.00

**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**



DO NOT WRITE IN THIS SPACE

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**  Delete  
 NAME **CARLO MARZANO**  
 STREET ADDRESS **7180 E ORCHARD RD #210**  
 CITY-ST-ZIP **CENTENNIAL, CO 80111**

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

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

TITLE **CHIARA MARZANO**  Delete  
 NAME **MEMBER**  
 STREET ADDRESS **7180 E ORCHARD RD**  
 CITY-ST-ZIP **CENTENNIAL CO 80111**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
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TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*

**303-893-9620**

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

Date

Daytime Phone #

CR2E083 (4/02)