


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90018 038 ****50.00

DOCUMENT # L03000012330 1. Entity Name FIRST CITY HOMES, LLC	
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Principal Place of Business C/O HENRY CHRISTOPHER CAGLE 529 GERONA ROAD 663 Bahia Ct. ST AUGUSTINE, FL 32086	Mailing Address C/O HENRY CHRISTOPHER CAGLE 529 GERONA ROAD 663 Bahia Ct. ST AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



03162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0566892	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAGLE, HENRY C 529 GERONA ROAD ST AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE

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.

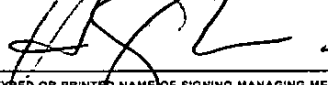
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAGLE, HENRY C 529 GERONA ROAD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAURENCE, ROBERT J F 2120 WOODSTORK AVE SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LAURENCE, ROBERT J L 101 BILBOA DR SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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:  - President 4-31-06 904-669-3099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #