

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90338 001 ****50.00

DOCUMENT # L03000012330

1. Entity Name
FIRST CITY HOMES, LLC



Principal Place of Business
**C/O HENRY CHRISTOPHER CAGLE
663 BAHIA COURT
ST AUGUSTINE, FL 32086 US**

Mailing Address
**C/O HENRY CHRISTOPHER CAGLE
663 BAHIA COURT
ST AUGUSTINE, FL 32086 US**



02192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0566892

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAGLE, HENRY C
529 GERONA ROAD 663 BAHIA CT.
ST AUGUSTINE, FL 32086**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

4-24-07

Date

904-668-3099

Daytime Phone #