


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000012330	
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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
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DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 05-0566892	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CAGLE, HENRY C 663 BAHIA CT ST AUGUSTINE, FL 32086	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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05/27/08-80034-019 138.75

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: A. Cagle - President **4-28-08**

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