

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054287

FILED
Jan 12, 2006
Secretary of State

Entity Name: FIRST COAST HOME BUYERS, LLC

Current Principal Place of Business:

9951 ATLANTIC BLVD. SUITE 471
JACKSONVILLE, FL 32225

New Principal Place of Business:

9951 ATLANTIC BLVD.
SUITE 470
JACKSONVILLE, FL 32225

Current Mailing Address:

9951 ATLANTIC BLVD. SUITE 471
JACKSONVILLE, FL 32225

New Mailing Address:

9951 ATLANTIC BLVD.
SUITE 470
JACKSONVILLE, FL 32225

FEI Number: 20-0595259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEASLER, FRANK R JR
SAN PABLO OFFICE PARK
4309 PABLO OAKS COURT, SUITE FIVE
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

FEELY, SCOTT
9951 ATLANTIC BLVD
STE 470
JACKSONVILLE, FL 32225 US

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.

SIGNATURE: SCOTT FEELY

01/12/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FEELY, VICKI S
Address: 12202 DOVE RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Delete
Name: FEELY, SCOTT B
Address: 12202 DOVE RIDGE DR
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT FEELY

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date