

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90308 045 ****50.00

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DOCUMENT # L05000073154 1. Entity Name FIRST CITY DEVELOPMENT, LLC			
Principal Place of Business 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250		Mailing Address 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250	
1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250		1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	
04192007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-3224484	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCCUE, EDWARD R JR 1548 THE GREENS WAY, SUITE 3 JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Edward R. McCue, Jr. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250	
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.		DATE 4-14-07	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		Filing Fee is \$50.00 Due by May 1, 2007	
9. MANAGING MEMBERS/MANAGERS		10.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THE DEVLIN GROUP, INC. 1548 THE GREENS WAY, STE 3 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	The Devlin Group, Inc. 1548 The Greens Way, Suite 6 Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 4.19.07	
Daytime Phone # 904.5430026			