

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026585

1. Entity Name

PARKSIDE DEVELOPMENT, LLC



Principal Place of Business

400 SOUTH TRYON STREET STE. 1300
CHARLOTTE, NC 28201

Mailing Address

400 SOUTH TRYON STREET STE. 1300
CHARLOTTE, NC 28201



04132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-0443582

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
FIELDS, ARTHUR W
400 SOUTH TRYON STREET STE. 1300
CHARLOTTE, NC 28201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SMITH, JAMES C
400 SOUTH TRYON STREET STE. 1300
CHARLOTTE, NC 28201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCGEE, R. WAYNE
400 SOUTH TRYON STREET STE. 1300
CHARLOTTE, NC 28201

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/25/05-80056-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

James C. Smith

Date

4/20/05

Daytime Phone #

980-373-
3612