

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90013 042 ****50.00

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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**

DO NOT WRITE IN THIS SPACE



03092006 No Chg-LLC

CR2E083 (11/05)

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**

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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, 2006**

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**

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: R. Wayne McGee **R. Wayne McGee** 3-16-06 704 382 1711

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

Date

Daytime Phone #