

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000026754

1. Entity Name
NWEC DEVELOPMENT, LLC



Principal Place of Business
655 MCDONOUGH RD
HAMPTON, GA 30228

Mailing Address
655 MCDONOUGH RD
HAMPTON, GA 30228



03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1625969

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCNEESE, RICHARD S
36468 EMERALD COAST PARKWAY
SUITE 1201
DESTIN, FL 32550

**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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCOTT, NORMAN B JR.
STREET ADDRESS	812 BENTLEY LANE
CITY-ST-ZIP	NORTH MYRTLE BEACH, SC 29582
TITLE	MGRM
NAME	MCMASTER, JAMES R
STREET ADDRESS	655 MCDONOUGH ROAD
CITY-ST-ZIP	HAMPTON, GA 30228
TITLE	MGRM
NAME	RICHARD, HEDBERG E
STREET ADDRESS	25 SAM'S POINT LANE
CITY-ST-ZIP	HILTON HEAD ISLAND, SC 29926
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000495031
04/20/06-80068-013 50.00

**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: James R McMaster **James R McMaster**

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

Date

Daytime Phone #

4-05-06

**PLEASE
SIGN & D**