

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90041 033 ****50.00

DOCUMENT # L04000093801

1. Entity Name
CHICKASAW DEVELOPMENT, LLC



Principal Place of Business
**110 EAGLE SPRING DRIVE
SUITE D
STOCKBRIDGE, GA 30281 US**

Mailing Address
**110 EAGLE SPRING DRIVE
SUITE D
STOCKBRIDGE, GA 30281 US**

DO NOT WRITE IN THIS SPACE



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2127588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARLINE, TODD
8017 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BONNER, DOUG
110 EAGLE SPRING DRIVE, SUITE D
STOCKBRIDGE, GA 30281**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Thomas Waddy*

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

Date

Daytime Phone #

3/3/06

678-289-4202