


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008584 1. Entity Name SOUND DEVELOPMENT, L.C.	
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Principal Place of Business PO BOX 1820 PHENIX CITY H, AL 36868	Mailing Address PO BOX 1820 PHENIX CITY H, AL 36868
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04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-1238794	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

PEAK, FRED
PINNACLE PORT UNIT A136 WEST HIGHWAY 98
PANAMA CITY BEACH, FL 32407

**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	MEM COPELAN, GEORGE D PO BOX 1820 PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEAK, FRED D 908 BROAD STREET PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CHRISTIAN, CHRIS 908 BROAD STREET PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUNDERBURKE, KENNETH 908 BROAD STREET PHENIX CITY, AL 36868
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRR KITTRELL, KEN P.O. BOX 940 SMITHS, AL 36877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000356069
05/04/05-80021-008 50.00

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IN THIS SPACE**

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:  **4/29/05** **334-272-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #