

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000008584

1. Entity Name

SOUND DEVELOPMENT, L.C.



Principal Place of Business

**PO BOX 1820
PHENIX CITY H, AL 36868**

Mailing Address

**PO BOX 1820
PHENIX CITY H, AL 36868**



03232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1238794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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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**

**U00000487488
04/13/06-80078-013 50.00**

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
KITRELL, KEN
P.O. BOX 940
SMITHS, AL 35877**

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:

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

Date

Daytime Phone #

3/27/06

374-297-2900