



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90039 027 ***138.75

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1268			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Phenix City, AL			
Zip	Country	Zip 36868	Country USA	4. FEI Number 63-1238794	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEAK, FRED PINNACLE PORT UNIT A136 WEST HIGHWAY 98 PANAMA CITY BEACH, FL 32407			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM COPELAN, GEORGE D PO BOX 1820 PHENIX CITY, AL 36868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEAK, FRED D 908 BROAD STREET PHENIX CITY, AL 36868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CHRISTIAN, CHRIS 908 BROAD STREET PHENIX CITY, AL 36868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUNDERBURKE, KENNETH 908 BROAD STREET PHENIX CITY, AL 36868	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRR KITRELL, KEN P.O. BOX 940 SMITHS, AL 36877	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Kenneth Funderburke					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date 4-30-8 Daytime Phone # 334-297-2900	

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