

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90061 038 \*\*\*\*50.00

**DOCUMENT # M04000004186**

1. Entity Name  
**THREE DUNES DEVELOPMENT, LLC**



Principal Place of Business  
**110 EAGLE SPRINGS DR  
SUITE D  
STOCKBRIDGE, GA 30281**

Mailing Address  
**110 EAGLE SPRINGS DR  
SUITE D  
STOCKBRIDGE, GA 30281**

**20023387**



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03282006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1103730**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ZIMMERMAN, NEVIN J  
101 HARRISON AVENUE  
PANAMA CITY, FL 32401**

**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  
**MGRM  
BONNER, DOUG  
110 EAGLE SPRING DR, SUTIE D  
STOCKBRIDGE, GA 30281**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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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:**

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

Date

Daytime Phone #