2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# L03000017963

Entity Name: HB DEVELOPMENT, L.L.C.

Current Principal Place of Business:

215 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

New Principal Place of Business:

5650 DIXIE DR.
SUITE A
PENSACOLA, FL 32503

Current Mailing Address:

215 FAIRPOINT DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

5650 DIXIE DR.
SUITE A
PENSACOLA, FL 32503

FEI Number: 20-0406901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYMAN, CASEY D
215 FAIRPOINT DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

HYMAN, CASEY D
5650 DIXIE DR.
SUTIE A
PENSACOLA, FL 32503 US

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.

SIGNATURE: CASEY D HYMAN 02/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HYMAN, CASEY
Address: 215 FAIRPOINT DR
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM ( ) Delete
Name: LOWRY, GARY
Address: 604 NEW WARRINGTON ROAD
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HYMAN, CASEY D
Address: 5650 DIXIE DR. SUTIE A
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM (X) Change ( ) Addition
Name: LOWRY, GARY
Address: 5650 DIXIE DR. SUITE B
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CASEY D HYMAN MGRM 02/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date