2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023561

Entity Name: HIGH NOON DEVELOPMENT, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5365 E. COUNTY HWY 30-A SUITE 105 19805 U S HWY 331 S SEAGROVE BEACH, FL 32459 FREEPORT, FL 32439

Current Mailing Address: New Mailing Address:

5365 E. COUNTY HWY 30-A SUITE 105 P O BOX 450

SEAGROVE BEACH, FL 32459 FREEPORT, FL 32439

FEI Number: 05-0575637 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WATSON, FRANKLIN H
5365 E. COUNTY HWY 30-A SUITE 105
PERRY, MIKEL LEE
303 GULFSHORE DRIVE

SEAGROVE BEACH, FL 32459 US SANTA ROSA BEACH, FL 32459 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: MIKEL LEE PERRY 04/27/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 WATSON, FRANKLIN H
 Name:

 Address:
 5365 E. CO HWY 30-A #105
 Address:

 City-St-Zip:
 SANTA ROSA BEACH, FL 32459
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 PERRY, MIKEL LEE
 Name:

 Address:
 P O BOX 450
 Address:

 City-St-Zip:
 FREEPORT, FL 32439
 City-St-Zip:

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: MIKEL LEE PERRY MGRM 04/27/2009