

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90136 002 ****50.00

DOCUMENT # L05000011673

1. Entity Name
HIGH TIDE DEVELOPEMENT LLC



Principal Place of Business
**510 6TH STREET
PORT ST JOE, FL 32456**

Mailing Address
**510 6TH STREET
PORT ST JOE, FL 32456**

60052128



04242007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2631800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ACREE, CLEVELAND R
510 6TH STREET
PORT ST JOE, FL 32456**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACREE, CLEVELAND R 510 6TH STREET PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAMPBELL, SETH T 510 6TH STREET PORT ST JOE, FL 32456
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, ROBERT W JR 1309 GRACE AVE. PANAMA CITY, FL 32401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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

4-23-07 8229-1400

Date

Daytime Phone #