4280 PROFESS	IONAL CENTER DR STE 100			
PALM BEACH G	GARDENS, FL 33410			
Current Mail	ling Address:			
4280 PROFE SUITE 100	SSIONAL CENTER DR			
PALM BEAC	H GARDENS, FL 33410 US			
FEI Number: 36-4806860 Certificate of S			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
	RACI L. SIONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US			
4280 PROFESS PALM BEACH G	IONAL CENTER DR, SUITE 100	tered office or regis	tered agent, or both, in the State of Florida.	
4280 PROFESS PALM BEACH G The above named	SIONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US	tered office or regis	tered agent, or both, in the State of Florida. 01/27/202	23
4280 PROFESS PALM BEACH G The above named	SIONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US I entity submits this statement for the purpose of changing its regis	tered office or regis	0 • • •	23
4280 PROFESS PALM BEACH G The above named SIGNATURE	SIONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US I entity submits this statement for the purpose of changing its regis TRACI L. AMBROSINO	tered office or regis	01/27/202	23
4280 PROFESS PALM BEACH G The above named SIGNATURE	IONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US I entity submits this statement for the purpose of changing its regis TRACI L. AMBROSINO Electronic Signature of Registered Agent	tered office or regist	01/27/202	23
4280 PROFESS PALM BEACH G The above named SIGNATURE Authorized F	IONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US I entity submits this statement for the purpose of changing its regis TRACI L. AMBROSINO Electronic Signature of Registered Agent Person(s) Detail :		01/27/202 Date	23
4280 PROFESS PALM BEACH G The above named SIGNATURE Authorized F Title	IONAL CENTER DR, SUITE 100 GARDENS, FL 33410 US I entity submits this statement for the purpose of changing its regis TRACI L. AMBROSINO Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	01/27/202 Date	23

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TRACI L. AMBROSINO

MANAGER

01/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: NOBLE NET LEASE DEVELOPMENT, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

Date