


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90120 001 ***138.75

DOCUMENT # M06000005423 1. Entity Name KITSON & PARTNERS ORLANDO GOLF, LLC					
Principal Place of Business 9055 IBIS BLVD. WEST PALM BEACH, FL 33412			Mailing Address 9055 IBIS BLVD. WEST PALM BEACH, FL 33412		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 16-1774062	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEER, GEORGE 9055 IBIS BLVD WEST PALM BEACH, FL 33412				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KITSON-EVERGREEN LLC 9055 IBIS BLVD. WEST PALM BEACH, FL 33412 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SYDNEY W. KITSON, AUTHORIZED REPRESENTATIVE					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				4-7-08 561-624-4000 <small>Date Daytime Phone #</small>	

00001000



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1774062

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

SPEER, GEORGE
9055 IBIS BLVD
WEST PALM BEACH, FL 33412

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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4-7-08 561-624-4000
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