


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90019 047 \*\*\*138.75

<b>DOCUMENT # M07000000719</b>			
1. Entity Name KITSON BABCOCK, L.L.C.			
Principal Place of Business 17837 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948		Mailing Address 17837 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 9055 IBIS BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State WEST PALM BEACH	
Zip	Country	Zip	Country
33412	USA	33412	USA



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8175494		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name GEORGE SPEER	
		Street Address (P.O. Box Number is Not Acceptable)	
		9055 IBIS BOULEVARD	
		City	WEST PALM BEACH
		State	FL
		Zip Code	33412

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.  
**GEORGE SPEER, REGISTERED AGENT**  
 SIGNATURE \_\_\_\_\_ DATE **4-7-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75	<b>Make check payable to</b> Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MSKP BABCOCK HOLDINGS, L.L.C.			NAME			
STREET ADDRESS	9055 IBIS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33412			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: \_\_\_\_\_ Date **4-25-08** Daytime Phone # **561-624-4000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE