2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006
Secretary of State

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Entity Name: KITSON & PARTNERS I, LLC

Current Principal Place of Business:

9055 IBIS BLVD.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

9055 IBIS BLVD.
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 52-2374847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEER, GEORGE G
9055 IBIS BLVD.
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KITSON, SYDNEY
Address: 9055 IBIS BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR ( ) Delete
Name: GALE, STANLEY
Address: 100 CAMPUS DR.
City-St-Zip: FLORHAM PARK, NJ 07932

Title: MGR (X) Delete
Name: BROCKWAY, RICHARD
Address: 9055 IBIS BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: DESANTI, CHARLES
Address: 9055 IBIS BOULEVARD
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SYDNEY W. KITSON MGR 03/14/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date