

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-23-2008 90120 031 \*\*\*138.75

|  |   |
|--|---|
| <b>DOCUMENT # L01000010884</b>                           |  |
| 1. Entity Name<br>GALE & KITSON, FREDON REAL ESTATE, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412 | Mailing Address<br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412 |
|---|---|

00027020



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04012008 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1109217 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent               |  | 7. Name and Address of New Registered Agent  |  |
| SPEER, GEORGE<br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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                        | MGRM                      | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | KITSON, SYDNEY            |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 9055 IBIS BLVD            |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  | WEST PALM BEACH, FL 33412 |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        | MGR                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | LEEDER, MIKE              |                                 |  | NAME                  |  |   |  |
| STREET ADDRESS               | 9055 IBIS BLVD            |                                 |  | STREET ADDRESS        |  |   |  |
| CITY-ST-ZIP                  | WEST PALM BEACH, FL 33412 |                                 |  | CITY-ST-ZIP           |  |   |  |
| TITLE                        | MGR                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | SPEER, GEORGE G           |                                 |  | 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           |  |   |  |

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, MANAGING MEMBER

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-7-08 561624-4000

Date Daytime Phone #