

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2008 90019 047 ***138.75

DOCUMENT # M07000000719					
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		4. FEI Number 20-8175494	
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name GEORGE SPEER Street Address (P.O. Box Number is Not Acceptable) 9055 IBIS BOULEVARD City WEST PALM BEACH 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. <div style="text-align: center;"> GEORGE SPEER, REGISTERED AGENT SIGNATURE _____ DATE 4-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div>					
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 MSKP BABCOCK HOLDINGS, L.L.C. 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.					
<div style="text-align: center;"> SYDNEY W. KITSON, AUTHORIZED REPRESENTATIVE SIGNATURE _____ DATE 4-25-08 561-624-4000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div>					