


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2008 90019 046 \*\*\*138.75

FILED  
M07000001789  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

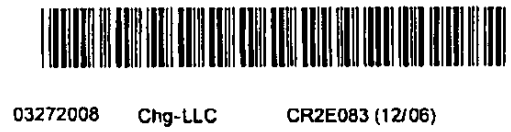
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|                                                                                     |                                                                                   |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # M07000001789</b><br>1. Entity Name<br>KITSON & PARTNERS (REALTY), 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 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

|                                                      |                                                      |                                                     |
|------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| City & State<br><br>Zip                      Country | City & State<br><br>Zip                      Country | 4. FEI Number      02-0804324<br><b>APPLIED FOR</b> |
|------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|



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

|                               |                                                                                          |
|-------------------------------|------------------------------------------------------------------------------------------|
| Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
|-------------------------------|------------------------------------------------------------------------------------------|

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><br><b>After May 1, 2008 Fee will be \$538.75</b> | Make check payable to<br><b>Florida Department of State</b> |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS |                           |                                 |  | 10. ADDITIONS/CHANGES |  |                                                                   |  |
|------------------------------|---------------------------|---------------------------------|--|-----------------------|--|-------------------------------------------------------------------|--|
| TITLE                        | MGR                       | <input type="checkbox"/> Delete |  | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | KITSON, SYDNEY W          |                                 |  | 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                         | VALLACE, TIMOTHY F        |                                 |  | 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, MANAGER

SIGNATURE: *[Signature]*      Date 4-25-08      Daytime Phone # 562-244000

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