


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-29-2008 90019 046 ***138.75

FILED
M07000001789
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 28 AM 11:16

DOCUMENT # M07000001789	
1. Entity Name KITSON & PARTNERS (REALTY), LLC	

Principal Place of Business 9055 IBIS BLVD. WEST PALM BEACH, FL 33412	Mailing Address 9055 IBIS BLVD. WEST PALM BEACH, FL 33412
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03272008 Chg-LLC CR2E083 (12/06)

4. FEI Number **02-0804324** Applied For
APPLIED FOR Not Applicable

5. Certificate of Status Desired ☐ **\$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
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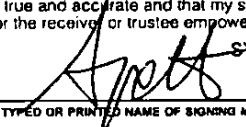
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **GEORGE SPEER, REGISTERED AGENT**

SIGNATURE  DATE **4-7-08**

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KITSON, SYDNEY W 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VALLACE, TIMOTHY F 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **SYDNEY W. KITSON, MANAGER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **4-25-08** Daytime Phone # **561-244-0000**