

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005423

Entity Name: KITSON & PARTNERS ORLANDO GOLF, LLC

FILED
Apr 22, 2016
Secretary of State
CC4031036874

Current Principal Place of Business:

4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418

FEI Number: 16-1774062

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPEER, GEORGE
4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS, FL 33418 US

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

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name KITSON-EVERGREEN LLC
Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title CEO
Name KITSON, SYDNEY W
Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PCOO
Name HOBAN, THOMAS M
Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY AND TREASURER
Name SPEER, GEORGE G
Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name VANDER MAY, WILLIAM R.
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP
Name GEIGER, GLENN C
Address 4500 PGA BOULEVARD
SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SYDNEY W. KITSON

**CHIEF EXECUTIVE
OFFICER**

04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date