

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007424

Entity Name: KITSON & PARTNERS COMMUNITIES, LLC**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:** 26-1447444**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, CHAIRMAN
Name KITSON, SYDNEY W
Address 4500 PGA BOULEVARD, SUITE 400
City-State-Zip: PALM BEACH GARDENS FL 33418

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

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

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

Title VP
Name DOUGHERTY, ALFRED
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: GEORGE SPEER**REGISTERED AGENT****04/11/2017**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date