

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001616

Entity Name: KITSON & PARTNERS COMMUNITIES ACQUISITIONS, 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 US**FEI Number:** 26-3643464**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEER, GEORGE G
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	MEMBER
Name	KITSON & PARTNERS COMMUNITIES LLC
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	SECRETARY, TREASURER
Name	SPEER, GEORGE G
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	VP
Name	GEIGER, GLENN C
Address	4500 PGA BOULEVARD SUITE 400
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	VP, ASST. SECRETARY
Name	HOLIHEN, TERRENCE R
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 G. SPEER**REGISTERED AGENT****06/08/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date