

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90120 029 ***138.75

DOCUMENT # L01000010917	
1. Entity Name GALE & KITSON MANAGEMENT GROUP FREDON, 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

04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
65-1109212

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	
SPEER, GEORGE 9055 IBIS BLVD. WEST PALM BEACH, FL 33412	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

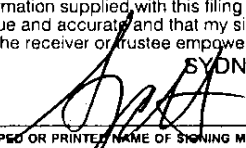
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KITSON, SYDNEY 9055 IBIS BLVD WEST PALM BEACH, FL 33412 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEEDER, MIKE 9055 IBIS BLVD WEST PALM BEACH, FL 33412 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEER, GEORGE 9055 IBIS BLVD WEST PALM BEACH, FL 33412 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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**

4-7-08 561-624-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #