


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90028 048 \*\*\*\*50.00

|   |  |                           |  |  |  |
|---|--|---------------------------|--|--|--|
| <b>DOCUMENT # L03000002793</b>  |  |                           |  |                       |  |
| <b>1. Entity Name</b><br>KITSON & PARTNERS II, LLC  |  |                           |  |  |  |
| <b>Principal Place of Business</b><br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412  |  |                           | <b>Mailing Address</b><br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b> |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.       |  |  |  |
| City & State  |  | City & State              |  | <b>4. FEI Number</b><br>05-0550433   |  |
| Zip   |  | Country                   |  | Zip  |  |
| Country   |  | Country                   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  |                           |  | <b>7. Name and Address of New Registered Agent</b>   |  |
| SPEER, GEORGE G III<br>9055 IBIS BLVD.<br>WEST PALM BEACH, FL 33412   |  |                           |  | Name   |  |
|   |  |                           |  | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |                           |  | City   |  |
|   |  |                           |  | FL Zip Code  |  |
| <b>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.</b>  |  |                           |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |                           |  |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |  |                           |  | <b>Make check payable to Florida Department of State</b>   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                           | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>KITSON, SYDNEY<br>9055 IBIS BLVD<br>WEST PALM BEACH, FL 33412 |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |  |                           |  |  |  |
| SYDNEY W. KITSON, MANAGER   |  |                           |  |  |  |
| <b>SIGNATURE:</b> _____   |  |                           | 4-23-07  |  |  |
| SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |                           |  |  |  |
| Date Daytime Phone #  |  |                           |  |  |  |

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