
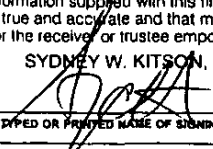


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2007 90027 003 ****50.00

| | | | | | |
|--|---------------------------|---------------------------------|---|---|---|
| DOCUMENT # L03000012080 | | | |  | |
| 1. Entity Name KITSON & PARTNERS REALTY LLC | | | | | |
| Principal Place of Business 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 US | | | Mailing Address 9055 IBIS BLVD WEST PALM BEACH, FL 33412 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | Zip | | Country |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPEER, GEORGE G 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 | | | | 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 _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KITSON, SYDNEY | | | NAME | |
| STREET ADDRESS | 9055 IBIS BLVD | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33412 | | | CITY-ST-ZIP | |
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VALLACE, TIMOTHY | | | NAME | |
| STREET ADDRESS | 9055 IBIS BLVD | | | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33412 | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| 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. | | | | | |
| SYDNEY W. KITSON, MANAGER | | | | | |
| SIGNATURE:  | | | | 4-23-07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | Date | |
| | | | | Daytime Phone # | |

60040848



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0209625 Applied For Not Applicable

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