2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2008 8:00 am Secretary of State **DOCUMENT # L03000055908** 04-23-2008 90120 035 ***138.75 KITSON & PARTNERS PROPERTIES, LLC Principal Place of Business Mailing Address 9055 IBIS BOULEVARD 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012008 CR2E083 (12/06) Chg-LLC Applied For City & State City & State 4. FEI Number 20-0514466 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPEER, GEORGE G Street Address (P.O. Box Number is Not Acceptable) 9055 IBIS BOULEVARD WEST PALM BEACH, FL 33412 Zip Code FI 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE ☐ Delete TITLE ☐ Change KITSON, SYDNEY W NAME NAME STREET ADDRESS STREET ADDRESS 9055 IBIS BLVD WEST PALM BEACH, FL 33412 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE BROCKWAY, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 223 WALL STREET, PMB 204 HUNTINGTON, NY 11743 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SYDNEY W. KITSON, MANAGER

THAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR

FILED