## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State

DOCUI  1. Entity Nam  KITTERM				02-02-2006 9	90091 036	****50	0.00		
Principal Plac	ce of Business	Mailing Address		L	[				
2642 S.E. WILLOUGHBY BOULEVARD 2642 S.E. WILLOUGHBY R				VARD	ľ			_	
STUART, FL 34994 STUART, FL 34994					20004415				
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2. Principal P	Place of Business	3. Mailing Address							
2550 SE. Willow			4.9h	by Blad					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		7	01172006	Chg-LLC	CR2E083	(11/05)	
					4. FEI Number				<del></del>
City & State		Stupe F	STUDRT, FL,			45223			plied For Applicable
Zip	Country	Zip	Coun	try .	W 70	<del>/////////////////////////////////////</del>	\$5	.00 Addi	
- <b></b>		34994	1/5	A.	5. Certificate of	of Status Desired		Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New Re	gistered Age	nt	
1471 HT1 4155				Name					
	E, DRENNEN L JR, ESQ			Street Address (	P.O. Box Numbe	r is Not Acceptable	)		
249 ROYAL PALM WAY, SUITE 501 PALM BEACH, FL 33480							·-··		
				City			FL	Zip Code	•
9. The above	a named entity submits this statement	for the oursets of changing its	register	ad office or register	red agent or both	in the State of Flor		iliar uáth	and accord
	tions of registered agent.	tor the purpose of changing its	, in Aliain	ad dilice or register	ed agent, or bott	i, iii tilo State Oi Flor	14Ua. 1 aiii 1aii	illigit Willis,	and accept
SIGNATURE .									
OIGHV TOTIL	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006				1		B.O. I.	check paya	able to	e i
D	ue by May 1, 2006						Department		1
<u> </u>		BERS/MANAGERS	10.	•		Florida	Department		<b>)</b>
9.	MANAGING MEM	BERS/MANAGERS	10.	<u> </u>			Department		☐ Addition
9.	MANAGING MEMI	Delete	_	1		Florida	Department	t of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEME Mar- Michael Matakae 4900 NE Spinnaker	Delete  HIS  PAT PLACE	TITU Nam Stri	EET ADORESS		Florida	Department	t of State	
9. TITLE NAME	MANAGING MEMI	Delete  HIS  PAT PLACE	TITU NAM STRI CITY	EET ADDRESS -S1-ZIP		Florida	Department CHANGES	t of State	☐ Addition
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