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Apr 21, 2006 8:00 am
Secretary of State
03-31-2006 90182 044 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000117694

1. Entity Name
KITE 510 PROJECT, LLC

300056654

Principal Place of Business	Mailing Address
966A BEACHLAND BLVD. VERO BEACH, FL 32963	966A BEACHLAND BLVD. VERO BEACH, FL 32963

02202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
3055 CARDINAL DR.		3055 CARDINAL DR.	
Suite, Apt. #, etc.: SUITE 300		Suite, Apt. #, etc.: SUITE 300	
City & State: VERO BEACH, FL		City & State: VERO BEACH, FL	
Zip: 32963	Country	Zip: 32963	Country

4. FEI Number 20-4394846 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEARNS WEAVER MILLER WEISSLER ALHADEFF &
SITTERSON, P.A. 150 WEST FLAGLER ST, STE 2
200 C/O K. TAYLOR WHITE
MIAMI, FL 33130

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER KEITH D. KITE 3055 CARDINAL DRIVE, SUITE 300 VERO BEACH, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Keith D. Kite 3-25-06 772-231-9337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #