

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90227 041 \*\*\*138.75

**DOCUMENT # L06000017886**

1. Entity Name  
**KITE HOLDINGS LLC**



Principal Place of Business  
**2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134 US**

Mailing Address  
**2121 PONCE DE LEON BLVD.  
SUITE 330  
CORAL GABLES, FL 33134 US**

**30004972**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02262008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**20-4536008**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ORTIZ, MICHAEL  
2121 PONCE DE LEON BLVD  
SUITE 330  
CORAL GABLES, FL 33134**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MBR~~ **MGR** ☐ Delete  
NAME **PAVAN, FRANCISCO**  
STREET ADDRESS **2121 PONCE DE LEON BLVD. #330**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **MBR MGRM** ☐ Change ☒ Addition  
NAME **PAVAN, JUAN MIGUEL**  
STREET ADDRESS **2121 Ponce de Leon Blvd #330**  
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE **MGRM** ☒ Delete  
NAME **PAVAN, DIANA**  
STREET ADDRESS **2121 PONCE DE LEON BLVD. #330**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

**SIGNATURE:**

*Michael Ortiz MGR* **3/5/08** **305 476 5270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #