

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005527

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** KITSON INVESTMENT PARTNERS, LLC

**Current Principal Place of Business:**

9055 IBIS BLVD.  
WEST PALM BEACH, FL 33412

**New Principal Place of Business:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

9055 IBIS BLVD.  
WEST PALM BEACH, FL 33412

**New Mailing Address:**

4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418

FEI Number: 14-1955025

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEER, GEORGE  
9055 IBIS BOULEVARD  
WEST PALM BEACH, FL 33412 US

**Name and Address of New Registered Agent:**

SPEER, GEORGE  
4500 PGA BOULEVARD  
SUITE 400  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: GEORGE SPEER

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KITSON, SYDNEY W  
Address: 9055 IBIS BLVD.  
City-St-Zip: WEST PALM BEACH, FL 33412

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KITSON, SYDNEY W  
Address: 4500 PGA BOULEVARD, SUITE 400  
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SYDNEY W. KITSON

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date