2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# M07000001619

Entity Name: KITTELSON LLC

Current Principal Place of Business:

610 SW ALDER STREET, SUITE 700
PORTLAND, OR 97205

New Principal Place of Business:

Current Mailing Address:

610 SW ALDER STREET, SUITE 700
PORTLAND, OR 97205

New Mailing Address:

FEI Number: 20-8861006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KITTELSON, WAYNE K
110 E. BROWARD BLVD, STE 2410
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	KITTELSON, WAYNE K	
Address:	610 SW ALDER STREET, SUITE 700	
City-St-Zip:	PORTLAND, OR 97205	
Title:	MGR	( ) Delete
Name:	VANDEHEY, MARK A	
Address:	610 SW ALDER STREET, SUITE 700	
City-St-Zip:	PORTLAND, OR 97205	
Title:	MGR	( ) Delete
Name:	VAN DYKE, LAWRENCE A	
Address:	610 SW ALDER STREET, SUITE 700	
City-St-Zip:	PORTLAND, OR 97205	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: LAWRENCE A VAN DYKE MGR 01/23/2009

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