2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000039863

1. Entity Name

KENANSVILLE ACREAGE, LLC



FILED
Mar 19, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

1373 NW COCONUT POINT LANE STUART, FL 34994 1373 NW COCONUT POINT LANE STUART, FL 34994



01142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ETTINGER, MARK P TRUSTEE 1373 NW COCONUT POINT LANE STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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.		istered Agent signature required when reinstating) DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ETTINGER, MARK	U00000863194
STREET ADDRESS	1373 NORTHWEST COCONUT POINT LANE	U00000863194 04/03/08-80082-006 138.75
City-ST-ZIP	STUART, FL 34994	
TITLE		
NAME		ì
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		,
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
THEE		I IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		
NAME		
STREET ADDRESS		•
CITY-ST-ZIP		
TITLE		
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 eath; 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.

Man P. Etper

3/12/08

692-012

Data

Davime Phone #