

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044679

1. Entity Name
104 ACRES, LLC



Principal Place of Business
4829 CORONADO PARKWAY
CAPE CORAL, FL 33903

Mailing Address
4829 CORONADO PARKWAY
CAPE CORAL, FL 33903



04062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0872486

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ECHOLS, LARRY A
6100 ESTERO BLVD.
FORT MYERS BEACH, FL 33931

**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 _____

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KB DAN, LLC
STREET ADDRESS	4829 CORONADO PARKWAY
CITY-ST-ZIP	CAPE CORAL, FL 33903
TITLE	MGRM
NAME	OCEAN VIEW DEVELOPMENT, LLC
STREET ADDRESS	21620 INDIAN BAYOU
CITY-ST-ZIP	FT. MYERS, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000500495
04/25/06-80023-024 50.00

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IN THIS SPACE**

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: _____

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

Date 4/6/06

Daytime Phone # _____