## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED** May 23, 2008 8:00 am Secretary of State

04-21-2008 90317 031 \*\*\*138.75

**DOCUMENT # L04000044679** 1. Entity Name 104 ACRES, LLC

Principal Place of Business 4037 DEL PRADO BLVD CAPE CORAL, FL 33904

Mailing Address

4037 DEL PRADO BLVD CAPE CORAL, FL 33904



01232008 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

4. FEI Number 55-0872486

4/2

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

ECHOLS, LARRY A 6100 ESTERO BI VO

DILLE NAME STREET ADDRESS C11Y+\$1-ZP

## DO NOT WRITE

FORT MY	ERS BEACH, FL 33931	IN 7	THIS SPACE	
8. The above the obliga-	e named entity submits this statement for the purpose of chations of registered agent.	inging its registered office or registered agent, or bot	h, in the State of Florida. I am lamillar wit	h, and accept
SIGNATURE.	Signeture, typod or printed name of registered agont and side applicable.	(NOTE: Regelated Agent algrature required when reinstating)	DATÉ	
Fils After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM		• •	
NAME	KB DAN, LLC			
STREET ADDRESS	1			
CITY-ST-ZIP	CAPE CORAL, FL 33904			
TIFLE	MGRM			•
NAME	OCEAN VIEW DEVELOPMENT, LLC	<b>,</b>	•	
STREET ADDRESS	21620 INDIAN BAYOU	i		
CITY-ST-ZIP	FT. MYERS, FL 33931			.
TITLE		1		. 1
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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 repon 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 repon as required by Chapter 608, Florida Statutes.

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone 6