## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L04000067663

1. Entity Name KB DAN, LLC



FILED Mar 14, 2008 08:00 AN Secretary of State

Principal Place of Business

4037 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904

Mailing Address

4037 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904



### DO NOT WRITE IN THIS SPACE

01232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1654830

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907

## DO NOT WRITE IN THIS SPACE

	<u> </u>		1.	•	
<ol><li>The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.</li></ol>	red office or registered agent	, or both, in the S	tate of Fiorida.	I am familiar with.	and accept
CICNATION					

(NOTE, Registered Agent signature required when reinstating)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLY, DANIEL M 4037 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAAG, KEVIN 4037 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAAG, BRIAN 4037 DEL PRADO BLVD SOUTH CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

000000858971 04/01/08-80031-003 138.75

DATE

# DO NOT WRITE 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 acceptate 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 hability company or the receiver obtruetee 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

3/10/07

Daytime Phone #