2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 14, 2008 08:00 AM Secretary of State

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1. Entity Name KB ALICO PROPERTIES, LLC				į.	
No Acioc	OT NOT LIVING, LLO				•
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	e of Business	Mailing Address			
1938 PRINCESS COURT 1938 PRINCESS COURT NAPLES, FL 34110 US NAPLES, FL 34110 US					•
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				01102008 No Chg-LLC	CR2E083 (12/07)
DO NOT WRITE IN THIS SPA			CE	4. FEI Number	Applied For
				20-3082289	Not Applicable
				5. Certificate of Status Desired	S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent			
LUBO DA	VIDTERO] .		
LUPO, DAVID T ESQ 1100 FIFTH AVENUE SOUTH				DO NOT W	RITE
SUITE 301			· ·	IN THIS SP	ACE
NAPLES, FL 34102					AOL
					∵
	named entity submits this statement fo tions of registered agent.	the purpose of changing its register	ed office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accept
(io congai	iona or registored agent.				
SIGNATURE.	Signature, typed or printed name of registered agent (nd title if applicable. (NOTE: Register	ed Agent signature required	£when reinstating)	DATE
				· · · · · · · · · · · · · · · · · · ·	
After May	! NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
	MANAGING MEMBE	D0/141110CD0	· Y·········		
9.	MANAGING MEMBE	HS/MANAGERS	-		
NAME	SMITH, KENNETH W			* 11	
STREET ADDRESS	1938 PRINCESS COURT		1	ni.	
CITY-ST-ZIP	NAPLES, FL 34110		-		33254 3008-001 138.75
TITLE NAME	SMITH, BRANDI M			01/10/0001	J000~UUI 130.13
STREET ADDRESS	1938 PRINCESS COURT			• • • • • • • • • • • • • • • • • • • •	
CITY-ST-ZIP	NAPLES, FL 34110				
TITLE NAME	•				
STREET ADDRESS			I '	DO 1107.14	
CITY-ST-ZIP				DO NOT WRITE	
TITLE				IN THIS SE	PACE
NAME STREET ADDRESS			l	114 11110 01	AVE.
CITY-S1-ZIP					,
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NAME				4	•
STREET ADDRESS	1				

11. I hereby certify that the information supplied with this filling 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRANDI M SMIT
EIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Date

Davime Phone #