


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020165 1. Entity Name DAVID ASSOCIATES VII, L.L.C.	
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Principal Place of Business 100 SOUTH DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401 US	Mailing Address 100 SOUTH DIXIE HIGHWAY SUITE 200 WEST PALM BEACH, FL 33401 US
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DO NOT WRITE IN THIS SPACE



04212006No Chg-LLC CR2E083 (11/05)

4. FEI Number 75-2991663	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA LEBOW, P.A.
 ONE NORTH CLEMATIS STREET
 SUITE 500
 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVID ASSOCIATES VII MANAGEMENT CORP. 100 SOUTH DIXIE HIGHWAY, SUITE 200 WEST PALM BEACH, FL 33401
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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 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 _____ Daytime Phone # _____