

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014077

FILED
Jan 30, 2004
Secretary of State

Entity Name: DAVID ASSOCIATES VIII, LLC

Current Principal Place of Business:

100 SOUTH DIXIE HWY
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

100 SOUTH DIXIE HWY
SUITE 200
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 41-2050210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIFFORD I. HERTZ, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: MARULLI, ALFRED N JR
Address: 239 S. COUNTY RD, STE 200
City-St-Zip: PALM BEACH, FL 33480

Title: MGR () Delete
Name: MARULLI, DAVID
Address: 239 S. COUNTY RD, STE 200
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MARULLI, ALFRED N JR
Address: 100 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Change () Addition
Name: MARULLI, DAVID
Address: 100 SOUTH DIXIE HIGHWAY, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALFRED MARULLI, JR. MGR 01/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date