

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000000377**

1. Entity Name
DAVID ASSOCIATES V, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB -1 PM 4:18



DO NOT WRITE IN THIS SPACE

Principal Place of Business 239 SOUTH COUNTY ROAD SUITE 4 PALM BEACH FL 33480	Mailing Address 239 SOUTH COUNTY ROAD SUITE 4 PALM BEACH FL 33480-4255
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0894903** Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEY, TIMOTHY H
~~100 BRADLEY PLACE~~ **120 Butler St, Ste. B**
~~PALM BEACH FL 33480~~ **West Palm Beach, FL**
33407

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
MGR MARULLI, ALFRED N JR. 239 SOUTH COUNTY ROAD, SUITE 4 PALM BEACH FL 33480	<input type="checkbox"/>	300003127053--8 -02/08/00--01045--004 *****50.00 *****50.00	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED** Date: **1/24/00** Daytime Phone #: **561 832-9785**

CR2E083 (9/99)