

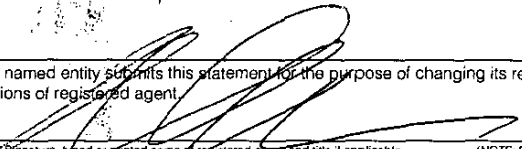
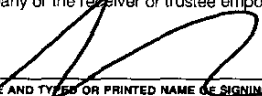


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90006 030 \*\*\*\*55.00

<b>DOCUMENT # L01000001104</b> 1. Entity Name <b>KING DAVID DEVELOPMENT, LLC</b>					
Principal Place of Business <b>900 NORTH FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432</b>			Mailing Address <b>900 NORTH FEDERAL HIGHWAY, SUITE 410 BOCA RATON, FL 33432</b>		
2. Principal Place of Business <b>7100 W. Camino Real</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Boca Raton FL</b> Zip <b>33433</b> Country <b>USA</b>		3. Mailing Address <b>7100 W. Camino Real</b> Suite, Apt. #, etc. <b>Suite 402</b> City & State <b>Boca Raton FL</b> Zip <b>33433</b> Country <b>USA</b>			
4. FEI Number <b>65-1070888</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>WALLACK, MICHAEL M. 27 FLETCHER AVENUE SARASOTA, FL 34237</b>			7. Name and Address of New Registered Agent Name <b>MICHAEL M. WALLACK, ESQ.</b> Street Address (P.O. Box Number is Not Acceptable) <b>Sarasota City Center, Suite 1100 1819 Main Street</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>		
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  DATE <b>4/22/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSS, LEONARD 900 N FEDERAL HIGHWAY, STE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7100 W. Camino Real Suite 402 BOCA RATON FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOOM, ASHELY 900 N FEDERAL HIGHWAY, STE 410 BOCA RATON, FL 33432 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>7100 W. CAMINO REAL SUITE 402 BOCA RATON, FL 33433</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE, JOEL A 630 DUNDEE ROAD, STE. 220 NORTHBROOK, IL 60062 <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	MGR STONE, MICHAEL L 630 DUNDEE ROAD, STE. 220 NORTHBROOK, IL 60062 <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
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
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:  <b>Ashley Bloom</b> 4/22 Tel: 414-7115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					