

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001104

1. Entity Name

KING DAVID DEVELOPMENT, LLC



Principal Place of Business

7100 W. CAMINO REAL
SUITE 402
BOCA RATON FL 33433

Mailing Address

7100 W. CAMINO REAL
SUITE 402
BOCA RATON FL 33433

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

65-1070888

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

WALLACK, MICHAEL M ESQ.
SARASOTA CITY CENTER, SUITE 1100
1819 MAIN STREET
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME GROSS, LEONARD
STREET ADDRESS 7100 W. CAMINO REAL, SUITE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME BLOOM, ASHELY
STREET ADDRESS 7100 W. CAMINO REAL, SUITE 402
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME STONE, JOEL A
STREET ADDRESS 630 DUNDEE ROAD, STE. 220
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME STONE, MICHAEL L
STREET ADDRESS 630 DUNDEE ROAD, STE. 220
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Asheley Bloom 3/24/05 501-417-7115