2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 05, 2006 8:00 am Secretary of State DOCUMENT # L01000001104 1. Entity Name 05-05-2006 90028 024 ****55.00 KING DAVID DEVELOPMENT, LLC Principal Place of Business Mailing Address 7100 W. CAMINO REAL 7100 W. CAMINO REAL SUITE 402 **SUITE 402 BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address <u>6600 W. ROBERS</u> CIRCLE 6600 W. ROBERS CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Strite # 14 City & State Shite # 14 Applied For City & State 4. FEI Number BOCA RATON BOCA RATON 65-1070888 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLACK, MICHAEL M ESQ. Street Address (P.O. Box Number is Not Acceptable) SARASOTA CITY CENTER, SUITE 1100 1819 MAIN STREET SARASOTA FL 34236 Zip Code City 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 sign DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MER Change Addition TITLE MGR ☐ Delete TITI F GROSS, LEONARD NAME NAME GROSS, LEONARD 6600 W. ROBERS CIRCLE SWITE # 14 STREET ADDRESS STREET ADDRESS 7100 W. CAMINO REAL, SUITE 402 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** FL-33487 BOCA RATON Change ☐ Addition ☐ Delete TITLE TITLE MGR NAME NAME BLOOM, ASHELY BLOOM, ASHLEY 6600 W. ROGERS CIRCLE SUITE # 14 STREET ADDRESS STREET ADDRESS 7100 W. CAMINO REAL, SUITE 402 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** BOCA RATON FL- 33487 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STONE, JOEL A STREET ADDRESS STREET ADDRESS 630 DUNDEE ROAD, STE. 220 CITY-ST-7IP CITY-ST-ZIP NORTHBROOK IL 60062 □ Change ☐ Addition ☐ Delete TITLE TITLE NAME STONE, MICHAEL L NAME STREET ADDRESS 630 DUNDEE ROAD, STE. 220 STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 repeive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED