

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000020165

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



Principal Place of Business
100 SOUTH DIXIE HIGHWAY
SUITE 200
WEST PALM BEACH, FL 33401 US

Mailing Address
100 SOUTH DIXIE HIGHWAY
SUITE 200
WEST PALM BEACH, FL 33401 US



04212006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2991663

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATRICIA LEBOW, P.A.
ONE NORTH CLEMATIS STREET
SUITE 500
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAVID ASSOCIATES VII MANAGEMENT CORP.
STREET ADDRESS	100 SOUTH DIXIE HIGHWAY, SUITE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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100000537902
05/09/06-80037-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #