

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000008116

1. Entity Name
DAVID FAMILY, LLC



Principal Place of Business
**110 MYRTLEWOOD POINT RD
EAST PALATKA, FL 32131**

Mailing Address
**110 MYRTLEWOOD POINT RD
EAST PALATKA, FL 32131**

DO NOT WRITE IN THIS SPACE



03132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE
DAYTONA BEACH, FL 32114**

**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 reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

000000098829
03/29/04-80058-005 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVID, ALBERTO M 110 MYRTLEWOOD POINT RD EAST PALATKA, FL 32131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVID, CRISPINA G 110 MYRTLEWOOD POINT RD EAST PALATKA, FL 32131
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**DO NOT WRITE
IN THIS SPACE**

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: *Alberto M. David* *Crispina G. David* *March 26, 2004* *386-328-5*

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

Date

Daytime Phone #