

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002584

FILED
Mar 30, 2005
Secretary of State

Entity Name: KING DAVID PARTNERS, LLC

Current Principal Place of Business:

3211 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

3211 PONCE DE LEON BLVD. 301
CORAL GABLES, FL 33134

Current Mailing Address:

3211 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Mailing Address:

3211 PONCE DE LEON BLVD. 301
CORAL GABLES, FL 33134

FEI Number: 51-0444379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDSTONE, RONALD R
201 ALHAMBRA CIRCLE, STE. 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

BARKER, REX M
3211 PONCE DE LEON #301
CORAL GABLES, FL 33134 US

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.

SIGNATURE: REX M BARKER

03/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: JOSEPH, MILTON
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: YOSI, GIL
Address: 3211 PONCE DE LEON 301
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH MILTON

MGRM

03/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date