

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066242

Entity Name: HOUSE OF DAVID LLC

FILED
Apr 18, 2007
Secretary of State

Current Principal Place of Business:

80 WEST CYPRESS RD
LAKE WORTH, FL 33467 US

New Principal Place of Business:

1395 VELDA WAY
WELLINGTON, FL 33414 US

Current Mailing Address:

80 WEST CYPRESS RD
LAKE WORTH, FL 33467 US

New Mailing Address:

1395 VELDA WAY
WELLINGTON, FL 33414 US

FEI Number: 54-2177794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, DEBORA L
80 WEST CYPRESS RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

BYRD, DEBORA L
1395 VELDA WAY
WELLINGTON, FL 33414 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: DEBORA L BYRD

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BYRD, CHARLES D
Address: 80 WEST CYPRESS RD
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM () Delete
Name: BYRD, DEBORA L
Address: 80 WEST CYPRESS RD
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BYRD, CHARLES D
Address: 1395 VELDA WAY
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM (X) Change () Addition
Name: BYRD, DEBORA L
Address: 1395 VELDA WAY
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DEBORA L BYRD

MGRM

04/18/2007

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