

FILED
Feb 19, 2007 8:00 am
Secretary of State

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02-01-2007 90049 037 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000019937			
1. Entity Name DAVID REALTY HOLDINGS, LLC			
Principal Place of Business 2924 SUNRISE BOULEVARD FT. PIERCE, FL 34982		Mailing Address 2924 SUNRISE BOULEVARD FT. PIERCE, FL 34982	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4383335		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABERNETHY, BRUCE R JR 500 VIRGINIA AVENUE STE 202 FT. PIERCE, FL 34982		7. Name and Address of New Registered Agent Name Oswaldo D. Benitez Street Address (P.O. Box Number is Not Acceptable) 2924 Sunrise Blvd. Ft. Pierce City FL Zip Code 34982	
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 <u><i>Oswaldo D. Benitez</i></u> DATE <u>1-26-07</u> Signature, type or print name of registered agent (see title 1 applicable) (NOTE: Registered Agent signature required when submitting.)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENITEZ, OSWALDO D 2924 SUNRISE BOULEVARD FT. PIERCE, FL 34982 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 808, Florida Statutes.			
SIGNATURE: <u><i>Oswaldo D. Benitez</i></u>		Date <u>1-26-07</u> 772-465-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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