

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90007 010 ***150.00

DOCUMENT # L98000001991

1. Entity Name

DAVID ASSOCIATES IV, L.L.C.



Principal Place of Business

**239 SOUTH COUNTY ROAD, SUITE 4
PALM BEACH FL 33480**

Mailing Address

**239 SOUTH COUNTY ROAD, SUITE 4
PALM BEACH FL 33480**

2. Principal Place of Business

239 South County Road

3. Mailing Address

239 South County Road

Suite, Apt. #, etc.

Suite #200

Suite, Apt. #, etc.

Suite #200

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip

33480

Country

USA

Zip

33480

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0870263

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KENNEY, TIMOTHY H ESQ.
120 BUTLER STREET, SUITE B
WEST PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **Clifford T. Hertz, P.A.**
Street Address (P.O. Box Number is Not Acceptable) **One North Clematis St.**
Suite 500
City **West Palm Beach** **FL** Zip Code **33401**

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

4/2/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **MARULLI, ALFRED N**
STREET ADDRESS **239 SOUTH COUNTY ROAD, SUITE 4**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Marulli, Alfred N. Jr.**
STREET ADDRESS **239 South County Road, Suite 200**
CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Alfred Marulli, Jr.

3/28/03 (561) 832-9785

CR2E083 (10/02)