

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024886

1. Entity Name
 DYNAMIC SOLUTIONS ASSOCIATES LLC



Principal Place of Business
 209 MOSS ROAD STE. 209
 WINTER SPRINGS, FL 32708

Mailing Address
 PO BOX 622082
 OVIEDO, FL 32762-2082



01102005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0050521	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MORSCH, MARK V
 2425 LEE ROAD
 WINTER PARK, FL 32789

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELSEY, VICTOR J
STREET ADDRESS	209 MOSS ROAD, SUITE 209
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	MGRM
NAME	CASES, RUSSELL J
STREET ADDRESS	209 MOSS ROAD, SUITE 209
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	MGRM
NAME	ELSEY, JENNIFER
STREET ADDRESS	209 MOSS ROAD, SUITE 209
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	MGRM
NAME	CASE, DAWNA L
STREET ADDRESS	209 MOSS ROAD, SUITE 209
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/20/05-80022-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

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

10 Jan 2005

Date

(407) 327-2941

Daytime Phone #