


**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024886
1. Entity Name
DYNAMIC SOLUTIONS ASSOCIATES LLC



Principal Place of Business Mailing Address
209 N. MOSS ROAD STE. 209 & 211 **PO BOX 620519**
WINTER SPRINGS, FL 32708 **OVIEDO, FL 32762-0519**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05172005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
800050521 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Amended AR is \$50.00

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

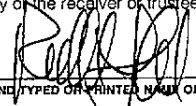
10. ADDITIONS/CHANGES

| | | |
|-----------------|-----------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | CASE JR., RUSSELL L. | |
| STREET ADDRESS | 209 N. MOSS ROAD, SUITE 209 & 211 | |
| CITY - ST - ZIP | WINTER SPRINGS, FL 32708 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| CITY - ST - ZIP | | |

U00000368052
05/23/05-80011-023 50.00

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:  **20 May 2005** (407) 327-2141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #