


04-23-2003 90128 013 *****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

55051118

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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 800050521	
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent		
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Member MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Victor J. Eisey	NAME			
STREET ADDRESS	209 MOSS ROAD, SUITE 209	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	Member MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Russell L. Case Jr.	NAME			
STREET ADDRESS	209 MOSS ROAD, SUITE 209	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	Member MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Jennifer Eisey	NAME			
STREET ADDRESS	209 MOSS ROAD, SUITE 209	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	Member MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Dawn L. Case	NAME			
STREET ADDRESS	209 MOSS ROAD, SUITE 209	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 authorized representative to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> RUSSELL L. CASE JR, MEMBER			Date: 18 April 2003		

CR2E033 (1/002)