2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# L04000075288

Entity Name: NAC DYNAMICS, LLC

Current Principal Place of Business:

4707 140TH AVE N.
317
CLEARWATER, FL 33762 US

New Principal Place of Business:

4707 140TH AVE N.
318
CLEARWATER, FL 33762 US

Current Mailing Address:

4707 140TH AVE N.
317
CLEARWATER, FL 33762 US

New Mailing Address:

4707 140TH AVE N.
318
CLEARWATER, FL 33762 US

FEI Number: 16-1708919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 WEST KENNEDY BLVD
240
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: NEUBERT, TIMOTHY W
Address: 4707 140 TH AVE N. # 317
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGR ( ) Delete
Name: GOFF, BARRY
Address: 4707 140TH AVE N. # 317
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NEUBERT, TIMOTHY W
Address: 4707 140 TH AVE N. # 318
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGR (X) Change ( ) Addition
Name: GOFF, BARRY
Address: 4707 140TH AVE N. # 318
City-St-Zip: CLEARWATER, FL 33762 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY W. NEUBERT MAN 01/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date