

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000012891

1. Entity Name
DYNAMIC TRAVEL, LLC



Principal Place of Business
2552 TOM MORRIS DRIVE
SARASOTA, FL 34240

Mailing Address
PO BOX 18132
SARASOTA, FL 34276-1132

2. Principal Place of Business

c/o Katherine A. Viragh
Suite, Apt. #, etc.
280 Island Avenue #1003
City & State
Reno, NV

3. Mailing Address

12501 Prosperity Dr.
Suite, Apt. #, etc.
Suite 250
City & State
Silver Spring, MD

Zip
89501

Country

Zip

20904

Country

03132004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1052430

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VIRAGH, SKIP
2552 TOM MORRIS DRIVE
SARASOTA, FL 34240

7. Name and Address of New Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

City
Plantation

FL

Zip Code
33324

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, 2004

Make check payable to
Florida Department of State.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM: DYNAMIC ASSOCIATES, LP
2552 TOM MORRIS DRIVE
SARASOTA, FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12501 Prosperity Drive
Suite 250
Silver Spring, MD 20904 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900037665829
06/04/04--01032--025 **50.00

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

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

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

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:

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

Date

Daytime Phone #

FILED

04 MAY 26 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BY



ROGER E. YOUNG 5/11/04 301-680-0926