

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021666

1. Entity Name

DYNASTY INVESTMENT GROUP LLC



Principal Place of Business

5445 SAN LUIS DRIVE
NORTH FORT MYERS, FL 33903

Mailing Address

5445 SAN LUIS DRIVE
NORTH FORT MYERS, FL 33903



04062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-4213272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139

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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 DRUCKENMILLER, DONNA
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE MGRM
NAME DRUCKENMILLER, JAMIE
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE MGRM
NAME DRUCKENMILLER, LYNN
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE MGRM
NAME DRUCKENMILLER, ROY
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE MGRM
NAME RAFFEL, MICHELE
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

TITLE MGRM
NAME RAFFEL, SPENCER
STREET ADDRESS 5445 SAN LUIS DRIVE
CITY-ST-ZIP NORTH FORT MYERS, FL 33903

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04/12/05-80017-009 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Donna Druckenmiller

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

4/5/05 239-731-9456

Date

Daytime Phone #