


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90027 015 ****50.00

DOCUMENT # L02000021666 1. Entity Name DYNASTY INVESTMENT GROUP LLC	
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Principal Place of Business 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903	Mailing Address 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4213272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUCKENMILLER, DONNA 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUCKENMILLER, JAMIE 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUCKENMILLER, LYNN 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DRUCKENMILLER, ROY 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAFFEL, MICHELE 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAFFEL, SPENCER 5445 SAN LUIS DRIVE NORTH FORT MYERS, FL 33903

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/6/06 239-231-9456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #