


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023782 1. Entity Name DYNAMIC DATA CONSULTING, LLC	
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Principal Place of Business 2399 INDIAN TRAILS EAST PALM HARBOR, FL 34683-2804	Mailing Address 2399 INDIAN TRAILS EAST PALM HARBOR, FL 34683-2804
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04082005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0080256	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVISSON, PATRICIA A 2399 INDIAN TRAILS EAST PALM HARBOR, FL 34683-2804
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**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 Patricia A Davison MGR 4/21/05
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVISSON, PATRICIA A 2399 INDIAN TRAILS EAST PALM HARBOR, FL 346832804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVISSON, DAVID B 2399 INDIAN TRAILS EAST PALM HARBOR, FL 346832804
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04/29/05-80001-003 55.00

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: Patricia A Davison 4/28/05 727-772-8391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #