

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

05-31-2005 90647 011 ***150.00

DOCUMENT # L04000058604 1. Entity Name DYNAMIC REAL ESTATE OPTIONS LLC			
Principal Place of Business 3343 MYRA STREET JACKSONVILLE, FL 32205		Mailing Address P.O. BOX 8190 FLEMING ISLAND, FL 32006	
2. Principal Place of Business 188 Old Hard Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8190 Suite, Apt. #, etc.	
City & State Orange Park		City & State Fleming Island	
Zip FL 32003		Zip FL 32006 USA	
4. FEI Number 2100102726		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		05112005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BUTTS, DONALD C JR. 3343 MYRA STREET JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Don Butts <small>Signature, typed or printed name of registered agent and title if applicable.</small>		5/05 <small>DATE</small>	
Filing Fee is \$50.00 Due by September 7, 2005.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SEC SULLIVAN, DESIREE D 4246 LAKE POINT PLACE ORANGE PARK, FL 32003	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TREA DUFTON, JOANNE C 7646 RIVER AVENUE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP DUFTON, WILLIAM A 7646 RIVER AVENUE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES BUTTS, DONALD C JR 3343 MYRA STREET JACKSONVILLE, FL 32205	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	
10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	188 Old Hard Road		
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> 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: Desiree Sullivan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		5.27.05 (904) 215-4409 <small>Date Daytime Phone</small>	