


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

08-31-2006 90044 022 ****50.00
L05000053609

DOCUMENT # L05000053609		
1. Entity Name DYNAMIC REAL ESTATE MANAGEMENT GROUP, LLC		

FILED

06 OCT -9 PM 3: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 279 MILLER ROAD ATTN: ROBERT E. WILLIAMS ORANGE CITY, FL 32763	Mailing Address 279 MILLER ROAD ATTN: ROBERT E. WILLIAMS ORANGE CITY, FL 32763
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2. Principal Place of Business 212 Appleton Dr.	3. Mailing Address
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05112006 Chg-LLC CR2E083 (11/05)

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SYLVIA, NC	City & State
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4. FEI Number 20-2966881	Applied For Not Applicable
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Zip 28779	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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David Dougherty CPA 465 Summerhaven Dr. Suite D Deberry, FL 32713
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Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

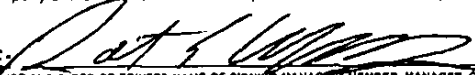
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$50.00 Due by September 8, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, ROBERT E 212 Appleton Dr. SYLVIA NC 28779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: 8/26/06	Daytime Phone #
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