


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L99000002274 <b>1. Entity Name</b> DYNAMIC INVESTMENTS OF SOUTH FLORIDA, L.L.C.	
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<b>Principal Place of Business</b> 804 SE 19 STREET FORT LAUDERDALE, FL 33316	<b>Mailing Address</b> 804 SE 19 STREET FORT LAUDERDALE, FL 33316
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**DO NOT WRITE IN THIS SPACE**



02072005No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
65-0927137

Applied For  
Not Applicable

**5. Certificate of Status Desired**



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GUNTER, E.G. COVERS  
2649 MARION DRIVE  
FORT LAUDERDALE, FL 33316

**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, 2005**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM COVERS, GUNTHER 2649 MARION DRIVE FORT LAUDERDALE, FL 33316
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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02/10/05-80087-004 55.00

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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)(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:**

*[Signature]* GUNTHER COVERS 2-8-05 (954) 523-3992

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

Date

Daytime Phone #