2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 08:00 A Secretary of State

863.647.1581

DOCUMENT # L05000055343 1. Entity Name ODYSSEY (II) DP XII, LLC					Secretary of S				
•	ce of Business FLORIDA AVENUE FL 33801 US	Mailing Address 500 SOUTH FLORIDA SUITE 700 LAKELAND, FL 3380							
	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt	#, etc.	Suite, Apt. #, etc.			02052007	Chg-LLC	44) =(16, 4)(33 (12/06)	1221 111 1254
City & State		City & State			4. FEI Numbe				oplied For
Žip	Country	Zip	Zip Country		20-2945	•	<u>1</u> ₩1 \$	No. 5.00 Add	ot Applicable ditional
6. Name and Address of Curren		t Registered Agent			Certificate of Status Desired Fee Required Name and Address of New Registered Agent				
AIDTH H				Name				9	
AIRTH, HA 500 SOUT SUITE 80	TH FLORIDA AVENUE			Street Address (P.O. Box Numbe	r is Not Acceptable	9)	•	
LAKELAN	ID, FL 33801			City				Zip Cod	
8. The above	a named entity submits this statement f	or the purpose of changing it	e renistera		red agent or both	in the State of Ele	FL		
	itions of registered agent.		- · · · g · - · · · ·		g ,	.,		,	
CICNIATUDE									
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)		DATE		
F	Signature, typed or printed name of registered agentialing Fee is \$50.00 tue by May 1, 2007	r and title if applicable. (NO	TE: Registered	d Agent signature required	d when reinstating)		DATE se check pa		1 3 1 w
F D	Signature, typed or printed name of registered ager illing Fee is \$50.00 bue by May 1, 2007 MANAGING MEMB	ERS/MANAGERS	10.		d when reinstating)		Re check pa a Departme	nt of Stat	
P. TITLE HAME STREET ADDRESS	iling Fee is \$50.00 bue by May 1, 2007 MANAGING MEMB MGR ODYSSEY DIVERSIFIED PROF 500 SOUTH FLORIDA AVENUE	ERS/MANAGERS Delete PERTIES, INC.	10. TITLE NAME STREE	ET ADDRESS	d when reinstating)	ADDITIONS	te check pa a Departme CHANGES	Change	☐ Addition
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Lawrence T Maxwell