

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -2 AM 10: 27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000000434 1. Entity Name ODYSSEY OPERATING PARTNERSHIP, LTD.	
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Principal Place of Business 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04192005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0890583	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AIRTH, H. ADAM JR. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$50,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F04000001460	STREET ADDRESS	
NAME	ODYSSEY DIVERSIFIED PROPERTIES, INC.	CITY - ST - ZIP	
STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700		
CITY - ST - ZIP	LAKELAND, FL 33801		
DOCUMENT #		STREET ADDRESS	800055195198
NAME		CITY - ST - ZIP	05/24/05--01064--022 **535.00
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STREET ADDRESS			
CITY - ST - ZIP			

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: William D Drost
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/05 863-647-1581
Date Daytime Phone #

STAPLE CHECK HERE