


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A04000000434</b>	
1. Entity Name ODYSSEY OPERATING PARTNERSHIP, LTD.	

Principal Place of Business <b>500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801</b>	Mailing Address <b>500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01112008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-0890583</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AIRTH, H. ADAM JR. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	000000336250
NAME		CITY-ST-ZIP	05/27/08-80003-005 508.75
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jim D Lee

4/28/08

863.647.1581

STAPLE CHECK HERE