

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90027 025 ***150.00

DOCUMENT # L01000007104

1. Entity Name

ODDLING PARTNERS, LLC



Principal Place of Business

**625 EAST COLONIAL DRIVE
ORLANDO FL 32803**

Mailing Address

**P.O. BOX 530084
ORLANDO FL 32853-0084**

20035476



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3722382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITACRE, WILLIAM L
1000 UNIVERSAL STUDIOS PLAZA
BUILDING 22, SUITE 247
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name

SARAH COWIE

Street Address (P.O. Box Number is Not Acceptable)

130 Minnehaha Circle

City

MAITLAND

FL

Zip Code

32751

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

Sarah Cowie

Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **COWIE, ROBIN**
STREET ADDRESS **625 EAST COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **MGR** ☐ Delete
NAME **HINKLE, BARRETT**
STREET ADDRESS **1125 US HIGHWAY 51 S.**
CITY-ST-ZIP **ANNA IL 62906**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sarah Cowie

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

Date

Daytime Phone #

4/25/03

407-647-7105

CR2E083 (10/02)