

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003978**

1. Entity Name  
**ODIN, LIMITED LIABILITY COMPANY**



Principal Place of Business  
**1100 SHRIMP BOAT LANE  
FT MYERS BEACH, FL 33931**

Mailing Address  
**1100 SHRIMP BOAT LN  
FORT MYERS BEACH, FL 33931**



03082006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0452787**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

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

**JENSEN, H.E.  
1100 SHRIMP BOAT LANE  
FT MYERS BEACH, FL 33931**

**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, 2008**

1000000464850  
03/22/06-80012-009 50.00

**9. MANAGING MEMBERS/MANAGERS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | <b>MGR</b>                  |
| NAME           | <b>ERICKSON, GRANT</b>      |
| STREET ADDRESS | <b>1218 ALHAMBRA DR</b>     |
| CITY-ST-ZIP    | <b>FORT MYERS, FL 33901</b> |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |

**DO NOT WRITE  
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the owner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

**3-9-06 2394636353**

Date

Daytime Phone #