

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90239 011 ****50.00

DOCUMENT # L02000026103

1. Entity Name
ODYSSEY EXPERIENCES, L.L.C.



Principal Place of Business
2755 INEZ ROAD SW
NAPLES, FL 34117

Mailing Address
2755 INEZ ROAD SW
NAPLES, FL 34117

00024030



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02032005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
37-1444298

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICI, JAMES R
C/O COX & NICI
1185 IMMOKALEE ROAD, STE 110
NAPLES, FL 34110

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

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, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME SMITH, R. DONOVAN
STREET ADDRESS 2755 INEZ RD. SW
CITY-ST-ZIP NAPLES, FL 34117

TITLE MGR/P/S ☒ Change ☐ Addition
NAME SMITH, R. DONOVAN
STREET ADDRESS 2755 INEZ RD. SW
CITY-ST-ZIP NAPLES, FL 34117

TITLE MGRM ☐ Delete
NAME CANNAN, FRED
STREET ADDRESS 2605 27TH AVE. NW
CITY-ST-ZIP NAPLES, FL 34102

TITLE MGR/VP/T ☒ Change ☐ Addition
NAME CANNAN, FRED
STREET ADDRESS 2755 INEZ RD. SW
CITY-ST-ZIP NAPLES, FL 34117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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: **R. DONOVAN SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/05
Date

Daytime Phone #