

FILED

Apr 21, 2003 8:00 am  
Secretary of State

04-04-2003 90004 023 \*\*\*150.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEL Number

37-1444298

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

NICI, JAMES R  
3001 TAMiami TRAIL NORTH  
SUITE 100  
NAPLES FL 34103

7. Name and Address of New Registered Agent

James R. Nici, c/o Cox & Nici  
1185 Immokalee Road, Suite 110  
Naples, FL 34110

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MM, Close Up Creatures ☐ Delete  
STREET ADDRESS Mr. R. Donovan Smith  
CITY-ST-ZIP 2755 Inez Rd., SW  
Naples, FL 34117TITLE NAME MM, Cannan Enterprises, L.L.C. ☐ Delete  
STREET ADDRESS Fred Cannan  
CITY-ST-ZIP 2605 27th Ave NW  
Naples, FL 34102TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIPTITLE NAME ☐ Change ☐ Addition  
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:

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

DATE

Daytime Phone #

CR2E083 (10/02)