

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000033474

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



Principal Place of Business
1623 CARRIAGE BROOKE DR.
WELLINGTON, FL 33414

Mailing Address
13833 WELLINGTON TRACE, UNIT E4, #106
WELLINGTON, FL 33414



04112006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3893593

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DLIN, DARRIN S
1623 CARRIAGE BROOKE DR.
WELLINGTON, FL 33414

**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

Darrin Dlin **DARRIN DLIN**

4/11/06

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

(NOTE: Registered Agent signature required when re-staging)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000509313
04/28/06-80036-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ODYSSEY FARM, INC
STREET ADDRESS 13364 BEDFORD MEWS COURT
CITY-ST-ZIP WELLINGTON, FL 33414

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CITY-ST-ZIP

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CITY-ST-ZIP

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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Darrin Dlin **DARRIN DLIN**

4/11/06

978-376-5243

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

Date

Daytime Phone #