## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

## DOCUMENT # L03000046639

1. Entity Name

## ODOM CONSTRUCTION LLC



FILED Feb 14, 2008 08:00 AN Secretary of State

2209 HAVERHILL RD.   TALLAHASSEE FL 32312										
TALLAHASSEE FL 82912   TALLAHASSEE FL 32912	Principa: Piac	e of Business	Mailing Address	Mailing Address						
Subsect   Subs										
Suite	7. Deire word F	Non-al Contract No CO Result	T 0 14-11 0 2-11		•					
City & State	z. Principai r	Tace of business - No P.O. Box #	3. Maining Address							
The above normal critics submitted to provide the purpose of changing its registered Agent   Soliday   S	Suite, Apt.	#. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st N	MOORE	CR2E08	33 (10/07)	
Country	City & Stat	e	City & State	City & State		4. FEI Number	20-0424165		<del>  </del>	····
March   Street Andrews (P.O. Box Number is Not Accentable)	Zıp	Country	Zip	Country		5. Certificate of		X	\$5.00 Ad	ditional
Street Artifices (P.O. Box Number is Not Accentable)		6. Name and Address of Curr	ent Registered Agent			7. Name and A	ddress of New R	egistere		
Section   Part	0.0				Name					
B. The above named entity submiss his statement for the purpose of changing its registered algent, or poth, in the State of Florida. I am familiar with and accept the obligations of registered agent.    Comparison of registered agent   Comparison of the State of Florida   Comparison of the Compariso	230	9 HAVERHILL RD			Street Addres	s (P.O. Box Number	is Not Accentable	)		
B. The above named entity submiss his statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. I and the State of Florida popular acceptance of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent. I and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of the state of Florida. I am familiar with and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the purpose of changing its registered agent. I all accepts the purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with and accept the purpose of the purpose					A					
Signature   Sign									<u> </u>	
Note			nt for the purpose of changing (ti	s registered	office or regis	tered agent, or both,	in the State of Flo	rida. Tar	m familiar with	and accept
Name	SIGNATURE									
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MGRM			FILE No.	OW!!! FEI , 2008, Fe	E IS \$138.7 e Will Be \$5	5 38.75				
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		certify that the information supplied	d with this filing does not qualify			ined in Section 119,	Florida Statutes 1	further o	ertify 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 path; 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: SHAPRON CLOM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-1-2008

(950) 893-453