


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90028 011 ****50.00

DOCUMENT # L03000047317	
1. Entity Name ODOM FAMILY CONSTRUCTION, LLC	

Principal Place of Business 44-C CARLTON AVENUE LANARK VILLAGE, FL 32323	Mailing Address P.O. BOX 335 LANARK VILLAGE, FL 32323
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20008490



2. Principal Place of Business - No P.O. Box # 57 Evalce Road	3. Mailing Address 57 Evalce Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04032007 Chg-LLC CR2E083 (12/06)

City & State Crawfordville FL	City & State Crawfordville FL
Zip 32327	Zip 32327
Country USA	Country USA

4. FEI Number 43-5473359	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ODOM, TOM C 44-C CARLTON AVENUE LANARK VILLAGE, FL 32323	
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7. Name and Address of New Registered Agent	
Name Odom, Tom C	
Street Address (P.O. Box Number is Not Acceptable) 57 Evalce Rd	
City Crawfordville	FL Zip Code 32327

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ODOM, TOM C 44-C CARLTON AVENUE LANARK VILLAGE, FL 32323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Odom, Tom C 57 Evalce Road Crawfordville, FL 32327 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X *Tom C. Odom*

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

4/10/07
Date

830 567-2326
Daytime Phone #