


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90010 038 ****55.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L04000002043 1. Entity Name ODYSSEY DP VII, LLC | | | |  | |
| Principal Place of Business 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | | Mailing Address 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| | | 5012006 Chg-LLC | | CR2E083 (11/05) | |
| 4. FEI Number 20-0719700 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MCFARLANE, PETER A C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | | | Name <u>HAL A. ARTH, JR</u> Street Address (P.O. Box Number is Not Acceptable) <u>Clark, Campbell & Machinery, P.A</u> <u>500 S. FLA. AVE. Suite 600</u> City <u>LAKELAND</u> FL Zip Code <u>33801</u> | | |
| 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 <u><i>William D. Frost</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ANCHOR INVESTMENT CORP OF FLA 500 SOUTH FLORIDA AVE., SUITE 700 LAKELAND, FL 33801 | <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"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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: <u><i>William D. Frost</i></u> | | Date <u>5/1/06</u> | | Daytime Phone # <u>863-647-1581</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| <u>William D. Frost</u> | | | | | |

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