
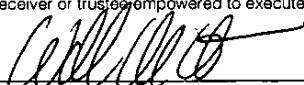


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90042 003 ****55.00

DOCUMENT # L04000020366 1. Entity Name ODYSSEY ADVISOR, LLC																																																																																																									
Principal Place of Business 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801 US			Mailing Address 500 SOUTH FLORIDA AVENUE SUITE 700 LAKELAND, FL 33801 US																																																																																																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04192005 Chg-LLC CR2E083 (10/03)																																																																																																					
City & State		City & State																																																																																																							
Zip	Country	Zip	Country																																																																																																						
4. FEI Number 20-0889679		Applied For Not Applicable																																																																																																							
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent AIRTH, HAL A JR 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801																																																																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																									
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">C <input type="checkbox"/> Delete</td> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MAXWELL, LAWRENCE W</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH FLORIDA AVENUE, SUITE 700</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MAXWELL, LAWRENCE T</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH FLORIDA AVENUE, SUITE 700</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>DROST, WILLIAM</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH FLORIDA AVENUE, SUITE 700</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>CLARK, RONALD L</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>500 SOUTH FLORIDA AVENUE, SUITE 800</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKELAND, FL 33801</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	C <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MAXWELL, LAWRENCE W	NAME		STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700	STREET ADDRESS		CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP		TITLE	P <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MAXWELL, LAWRENCE T	NAME		STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700	STREET ADDRESS		CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP		TITLE	T <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	DROST, WILLIAM	NAME		STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 700	STREET ADDRESS		CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP		TITLE	S <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	CLARK, RONALD L	NAME		STREET ADDRESS	500 SOUTH FLORIDA AVENUE, SUITE 800	STREET ADDRESS		CITY-ST-ZIP	LAKELAND, FL 33801	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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: 				4/28/05 863-647-1581																																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>																																																																																																					

William D. Drost