


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000020366</b> 1. Entity Name ODYSSEY ADVISOR, LLC	
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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
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04282006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0889679	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

AIRTH, HAL A JR  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAXWELL, LAWRENCE W 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, LAWRENCE T 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DROST, WILLIAM 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, RONALD L 500 SOUTH FLORIDA AVENUE, SUITE 800 LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000558478  
05/17/06-80138-022 55.00

**DO NOT WRITE  
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: \_\_\_\_\_

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

5/1/06

Date

863-647-158

Daytime Phone #

William D Probst