2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000020366

Entity Name: ODYSSEY ADVISOR, LLC

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

New Mailing Address:

FEI Number: 20-0889679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PETER A MCFARLANE PA
500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

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.

SIGNATURE: PETER A MCFARLANE 04/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

			ADDITIONS/CHANGES:	
Title:	C	( ) Delete	Title:	( ) Change ( ) Addition
Name:	MAXWELL, LAWRENCE W		Name:	
Address:	500 SOUTH FLORIDA AVENUE, SUITE 700		Address:	
City-St-Zip:	LAKELAND, FL 33801 US		City-St-Zip:	
Title:	P	( ) Delete	Title:	( ) Change ( ) Addition
Name:	MAXWELL, LAWRENCE T		Name:	
Address:	500 SOUTH FLORIDA AVENUE, SUITE 700		Address:	
City-St-Zip:	LAKELAND, FL 33801 US		City-St-Zip:	
Title:	T	( ) Delete	Title:	( ) Change ( ) Addition
Name:	DROST, WILLIAM		Name:	
Address:	500 SOUTH FLORIDA AVENUE, SUITE 700		Address:	
City-St-Zip:	LAKELAND, FL 33801 US		City-St-Zip:	
Title:	S	( ) Delete	Title:	( ) Change ( ) Addition
Name:	CLARK, RONALD L		Name:	
Address:	500 SOUTH FLORIDA AVENUE, SUITE 800		Address:	
City-St-Zip:	LAKELAND, FL 33801 US		City-St-Zip:	
Title:	V	( ) Delete	Title:	( ) Change ( ) Addition
Name:	LEE, JIM D		Name:	
Address:	500 S FLORIDA AVE STE 700		Address:	
City-St-Zip:	LAKELAND, FL 33801		City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JIM D LEE V 04/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date