# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2011**
**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:**

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

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: C
Name: MAXWELL, LAWRENCE W
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: P
Name: MAXWELL, LAWRENCE T
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: T
Name: DROST, WILLIAM
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: S
Name: CLARK, RONALD L
Address: 500 SOUTH FLORIDA AVENUE, SUITE 800
City-St-Zip: LAKELAND, FL 33801 US

I hereby 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 Statues.

SIGNATURE: LAWRENCE W MAXWELL C 04/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date