### 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L04000028301

1. Entity Name

ODYSSEY DP IV, LLC



FILED
May 02, 2006 08:00 Al
Secretary of State

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



04282006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0988671 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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8.	The above named entity submits this statement for the purpose of changing its registered office or register	red 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 little 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	MGR ODYSSEY DIVERSIFIED PROPERTIES, INC. 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801	
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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

863-647-1581

Daytime Phone #