

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031069

Entity Name: ODERA ASSOCIATES LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

126 LAKEPOINTE CIRCLE
KISSIMMEE, FL 34743 US

New Principal Place of Business:

2618 BRIGG COURT
KISSIMMEE, FL 34743 US

Current Mailing Address:

PO BOX 450506
KISSIMMEE, FL 34745 US

New Mailing Address:

FEI Number: 59-3803747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRY, JOHN E
126 LAKEPOINTE CIRCLE
KISSIMMEE, FL 34743 US

Name and Address of New Registered Agent:

PERRY, JOHN E
2618 BRIGG COURT
KISSIMMEE, FL 34743 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:

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PERRY, JOHN E
Address: 126 LAKEPOINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGRM () Delete
Name: PERRY, MARIA M
Address: 126 LAKEPOINTE CIRCLE
City-St-Zip: KISSIMMEE, FL 34743 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PERRY, JOHN E
Address: 2618 BRIGG COURT
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGRM (X) Change () Addition
Name: PERRY, MARIA M
Address: 2618 BRIGG COURT
City-St-Zip: KISSIMMEE, FL 34743 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E PERRY

MGR

04/27/2005

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