

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90105 019 ****50.00

DOCUMENT # L04000037009	
1. Entity Name ODR MUSIC, LLC	

Principal Place of Business 2813 S. HIAWASSEE RD 304 ORLANDO FL 32835 US	Mailing Address 2813 S. HIAWASSEE RD 304 ORLANDO FL 32835 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/04)

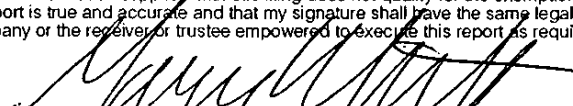
6. Name and Address of Current Registered Agent WHITFIELD, KIMBERLY F 8617 ST. MARINO BLVD., ORLANDO FL 32836		7. Name and Address of New Registered Agent Name GARY WHITFIELD, CPA Street Address (P.O. Box Number is Not Acceptable) 2813 S. HIAWASSEE Rd. Ste 201 City ORLANDO FL 32835	
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8. 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 	DATE 4/28/05

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREMONTI, MARK 2813 S. HIAWASSEE RD, STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS, THOMAS S 2813 S. HIAWASSEE RD., STE 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, BRIAN 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, MYLES 2813 S. HIAWASSEE RD., STE. 304 ORLANDO FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUITE 201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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.	
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SIGNATURE: 	DATE 4/28/05 408-395-9515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	