

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052527

FILED
Mar 19, 2008
Secretary of State

Entity Name: ODOM CONSOLIDATED INVESTMENTS LLC

Current Principal Place of Business:

5295 WILDWOOD AVE.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

3472 SIDERWHEEL DR.
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 542863
MERRITT ISLAND, FL 32954

New Mailing Address:

3472 SIDERWHEEL DR.
ROCKLEDGE, FL 32955

FEI Number: 55-0876584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ODOM, GARY D II
5295 WILDWOOD AVE.
MERRITT ISLAND, FL 32953 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: MGR () Delete
Name: ODOM, GARY D II
Address: 5295 WILDWOOD AVE.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM () Delete
Name: PRUD'HOMME REV. TRUS, ROLAND G
Address: 11 SHAW DR.
City-St-Zip: BEDFORD, NH 03110

Title: MGRM () Delete
Name: BELLEMORE REV. TRUST, RAYMOND P
Address: 33 COUNTRY CLUB LN
City-St-Zip: MERRIMACK, NH 03054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: GARY DEE ODOM II

MGR

03/19/2008

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