

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009201

Entity Name: ODESSA PARTNERS, LLC

FILED  
Jan 26, 2007  
Secretary of State

## Current Principal Place of Business:

6901 AQUEDUCT TERRACE  
ODESSA, FL 33556

## New Principal Place of Business:

17366 GUNN HIGHWAY  
#127  
ODESSA, FL 33556

## Current Mailing Address:

6901 AQUEDUCT TERRACE  
ODESSA, FL 33556

## New Mailing Address:

17633 GUNN HIGHWAY  
#127  
ODESSA, FL 33556

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNCH, ROBERT C  
6901 AQUEDUCT TERRACE  
ODESSA, FL 33556 US

## Name and Address of New Registered Agent:

LYNCH, ROBERT C  
17633 GUNN HIGHWAY  
#127  
ODESSA, FL 33556 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:

01/26/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LYNCH, ROBERT C  
Address: 6901 AQUEDUCT TERRACE  
City-St-Zip: ODESSA, FL 33556

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LYNCH, ROBERT C  
Address: 17633 GUNN HIGHWAY #127  
City-St-Zip: ODESSA, FL 33556

Title: MGR ( ) Change (X) Addition  
Name: KAHL, MICHELE W  
Address: 17633 GUNN HIGHWAY #127  
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT C. LYNCH

MGR

01/26/2007

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