2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Anr 30. 2008 08:00 AN ıte

DOCUMENT # L05000016531 1. Entity Name ODYSSEY (II) DP XVI LLC					Secretary of St			of Sta
	e of Business FLORIDA AVENUE, SUITE 700 FL 33801	Mailing Address 500 SOUTH FLORIDA AVENUE, SUITE 700 LAKELAND, FL 33801		I INDANENI DIN BACAN BINN DANIN DANIN DA	III BEIRI IMIN ANA		61 1 AH 3 11 1	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008 Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Number 20-2364132		No	plied For t Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	F	5.00 Add se Require	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New F	tegistered Ag	ent	
AIRTH, H. ADAM JR. 500 SOUTH FLORIDA AVENUE, SUITE 700 C/O CLARK, CAMPBELL & MAHWINNEY, P.A.					s (P.O. Box Number is Not Acceptable)			
	D, FL 33801	,		City		FL	Zip Code	3
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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalting) DATE								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State								
9.	MANAGING MEMBE	_	10.		ADDITIONS			
THTLE YAME STREET ADDRESS CITY-ST-ZIP	ODYSSEY DIVERSIFIED PROPERTIES, INC. 500 SOUTH FLORIDA AVENUE, SUITE 700			l	U000(05/27/0	_	□ Change } -004 1	□ Addition :
TITLE NAME 'STREET ADDRESS CITY-ST-ZIP	☐ Delete			I]	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. N. S.			1		[Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	E ET ADORESS - ST- ZIP	in Charles 110 Florida Charles 11		Change	Addition Addition
indicated	certify that the information supplied with on this report is true and acqurate and	this thing does not qualify for that my signature shall have t	the same	implions contained e legal effect as if r	made under oath; that I am a mana;	ging member of	or manage	r of the

Pustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver of

SIGNATURE:
SIGNATURE AND FED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHO

Jim D Lee

4/28/08

863.647.1581