

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023962

Entity Name: ODOT HOLDINGS, LLC

FILED
Feb 25, 2007
Secretary of State

Current Principal Place of Business:

4400 E. SENECA DRIVE
WESTON, FL 33332

New Principal Place of Business:

2800 GLADES CIRCLE
151
WESTON, FL 33327

Current Mailing Address:

4400 E. SENECA DRIVE
WESTON, FL 33332

New Mailing Address:

2800 GLADES CIRCLE
151
WESTON, FL 33327

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG & ASSOCIATES, PA
2665 EXECUTIVE PARK DRIVE
ST 2
WESTON, FL 33331 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: TABORDA, CAROLINA
Address: 1304 SW 160TH AVE #298
City-St-Zip: SUNRISE, FL 33326

Title: MGR () Delete
Name: DAAL, OMAR
Address: 1304 SW 160TH AVE #298
City-St-Zip: SUNRISE, FL 33326

Title: MGR (X) Delete
Name: GARCIA, ERIKA
Address: 1304 SW 160TH AVE #298
City-St-Zip: SUNRISE, FL 33326

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 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: CAROLINA TABORDA

MGR

02/25/2007

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