

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038819

**FILED**  
**Apr 09, 2009**  
**Secretary of State**

**Entity Name:** PHOENIX ODYSSEY, LLC

**Current Principal Place of Business:**

88 NE 59 STREET  
OCALA, FL 34479

**New Principal Place of Business:**

**Current Mailing Address:**

5400 SW COLLEGE ROAD  
#302, SUITE 50  
OCALA, FL 34474

**New Mailing Address:**

303 SE 17 STREET  
#309, SUITE 222  
OCALA, FL 34471

FEI Number: 73-1734755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAMMAN, KATHERINE A  
5400 SW COLLEGE ROAD  
#302, SUITE 50  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

DAMMAN, KATHERINE A  
303 SE 17 STREET  
#309, SUITE 222  
OCALA, FL 34471 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: KATHERINE A DAMMAN

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAMMAN, KATHERINE A  
Address: 90 NE 59 STREET  
City-St-Zip: Ocala, FL 34479

**ADDITIONS/CHANGES:**

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: KATHERINE A DAMMAN

MGRM

04/09/2009

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