


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 16, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000050156 1. Entity Name O. D. M. ENTERPRISES, LLC |  |
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| Principal Place of Business 2420 FAIRVIEW ROAD MARIANNA FL 32448 US | Mailing Address 2420 FAIRVIEW ROAD MARIANNA FL 32448 US |
|--|--|



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|---|---|
| 2. Principal Place of Business No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E083 (10/07)

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|---|--------------------------------|
| 4. FEI Number 20-2896627 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|---|
| 6. Name and Address of Current Registered Agent BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA FL 32446 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|---|---|

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 _____ (NOTE: Registered Agent's signature required when consenting) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MORRIS, OUIDA 2420 FAIRVIEW ROAD MARIANNA FL 32446 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000000900353 04/29/08-80025-017 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MORRIS, DON W 2420 FAIRVIEW ROAD MARIANNA FL 32448 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 808, Florida Statutes.

SIGNATURE: *Ouida Morris Managing Member* 4/15/08 850-526-2891
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date: _____