2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008
Secretary of State

DOCUMENT# L05000053109

Entity Name: ODEN BROS. INVESTMENTS, LLC

Current Principal Place of Business:

605 N. CO. HWY 393
UNIT 9A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

605 N. CO. HWY 393
UNIT 9A
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-2941093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ODEN, BRIAN K
84 BAYOU BREEZE CT.
SANTA ROSA BEACH, FL 32459 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: MGRM ( ) Delete
Name: ODEN, JOSEPH T
Address: 30 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: ODEN, JONATHAN F
Address: 78 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM ( ) Delete
Name: ODEN, BRIAN K
Address: 84 BAYOU BREEZE CT.
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ODEN, JOSEPH T
Address: 276 MANGO LANE
City-St-Zip: FREEPORT, FL 32439

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 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: BRIAN K. ODEN MGRM 03/13/2008

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