

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000119727

**FILED**  
**May 20, 2008**  
**Secretary of State****Entity Name:** ODOM & FREY FUTURES & OPTIONS, LLC**Current Principal Place of Business:**645 MAYPORT ROAD  
SUITE 4 E  
ATLANTIC BEACH, FL 32233**New Principal Place of Business:****Current Mailing Address:**645 MAYPORT ROAD  
SUITE 4 E  
ATLANTIC BEACH, FL 32233**New Mailing Address:****FEI Number:** 20-3940941**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FREY, DEREK C  
645 MAYPORT ROAD  
SUITE 4 E  
ATLANTIC BEACH, FL FL 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:** CEO ( ) Delete  
**Name:** FREY, DEREK C  
**Address:** 645 MAYPORT ROAD SUITE 4 E  
**City-St-Zip:** ATLANTIC BEACH, FL 32233 US**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES:****Title:** MGR (X) Change ( ) Addition  
**Name:** FREY, DEREK C  
**Address:** 645 MAYPORT ROAD SUITE 4 E  
**City-St-Zip:** ATLANTIC BEACH, FL 32233 US**Title:** MGR ( ) Change (X) Addition  
**Name:** PASS, DUSTIN  
**Address:** 11269 CHAPELGATE LANE  
**City-St-Zip:** JACKSONVILLE, FL 32223 US

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: DEREK C. FREY

MGR

05/20/2008

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