## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000040474

1. Entity Name

## FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90046 033 \*\*\*143.75

MAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ODYSSE	EY (VII) COMMERCIAL DP \	/II, LLC			į				
Suite, Apt. 4, etc.	500 SOUTH FLORIDA AVE., SUITE 700		500 SOUTH FLORIDA AVE., SUITE 700							
City & State   City	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01152008	Chg-LLC	CR2EC	83 (12/06)	
6. Name and Address of Current Registored Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	City & State		City & State							
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip Counti		try	5. Certificate of Status Desired				
MCFARLANE, PETER A CCOPETER A MCCARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 700  LAKELAND, FL 33801  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  TILLE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  P. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  FILLE NOWIII FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  ITILE  MAG  ANCHOR INVESTMENT CORPORATION OF FLA. SIRET ADDRESS  ON SOUTH FLORIDA AVE., SUITE 700  ITILE  MAKE  ANCHOR INVESTMENT CORPORATION OF FLA. SIRET ADDRESS  ON SOUTH FLORIDA AVE., SUITE 700  ITILE  MAKE  MAKE  SIRET ADDRESS  OTH-51-2P  ITILE  MAKE  SIRET ADDRESS  OTH-51-2P  THE MAKE  SIRET ADDRE		6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered A	Agent	
SITEST ADDRESS CITY-ST-2P LAKELAND, FL 33801  SITEST ADDRESS CITY-ST	MOEADLA	ANE DETERA			Name					
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature typed or printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature required when refinataling). DATE    FILE NOWILL FEE IS \$138,75	C/O PETER A. MCFARLANE, P.A. 500 SOUTH FLORIDA AVE., SUITE 700				Street Address (	P.O. Box Numbe	r is Not Acceptable	9)		
THE Obligations of registered agent.  SIGNATURE    PILE NOWIII FEE IS \$138.75					City			FL	Zip Cod	e
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MARE ANCHOR INVESTMENT CORPORATION OF FLA. STREET ADDRESS CITY-ST-ZP  TITLE MANAGE STREET ADDRESS CITY-ST-ZP	signature	Signature, typed or printed name of registered agent:  E NOWIII FEE IS \$138.75	and title if applicable. (NOT				Māk Florida	DATE e check p Departm	ayable to	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S	9.	MANAGING MEMBE	RS/MANAGERS	10.						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADORESS	ANCHOR INVESTMENT CORPORATION OF FLA. 500 SOUTH FLORIDA AVE., SUITE 700		name Stree	ET ADDRESS				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS			NAME STREE	ET ADDRESS				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	name Stree	ET ADDRESS				Change	☐ Addition
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	NAME STREET ADDRESS		☐ Delete	name Stree	T ADDRESS				☐ Change	Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

Kim S Kelley

MANAGING MENBER, MANAGER, OR AUTH

4/21/08

863.647.1581