

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048825

Entity Name: ODIGOMI INVESTMENTS, LLC

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

6408 W. LINEBAUGH AVENUE
SUITE 101-102
TAMPA, FL 33625 US

New Principal Place of Business:

Current Mailing Address:

6408 W. LINEBAUGH AVENUE
SUITE 101-102
TAMPA, FL 33625 US

New Mailing Address:

FEI Number: 20-4860043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLETTI, OTTAVIO
5716 PENNY LANE DRIVE
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

CARLETTI, OTTAVIO
5716 PINEY LANE DRIVE
TAMPA, FL 33625 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:

04/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARLETTI, OTTAVIO
Address: 5716 PENNY LANE DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: CIFENTES, CLAUDIA M
Address: 5716 PENNY LANE DRIVE
City-St-Zip: TAMPA, FL 33625 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARLETTI, OTTAVIO
Address: 5716 PINEY LANE DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM (X) Change () Addition
Name: CIFENTES, CLAUDIA M
Address: 5716 PINEY LANE DRIVE
City-St-Zip: TAMPA, FL 33625 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CIFENTES CLAUDIA

MGMR

04/06/2007

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