

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067506

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** ODYSSEY RESIDENTIAL II, LLC

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Mailing Address:**

**FEI Number:** 20-5152614      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

AIRTH, HAL A JR  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

**Name and Address of New Registered Agent:**

PETER A MCFARLANE PA  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 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: PETER A MCFARLANE      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ODYSSEY RESIDENTIAL II, INC.  
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700  
City-St-Zip: LAKELAND, FL 33801 US

**ADDITIONS/CHANGES:**

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: JIM D LEE      VP      04/28/2009  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date