

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098184

FILED
Apr 28, 2009
Secretary of State

Entity Name: ODYSSEY DIVERSIFIED PROPERTIES III, 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: 20-5735887

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: P () Delete
Name: MAXWELL, LAWRENCE T
Address: 500 SOUTH FLORIDA AVENUE, SUITE 700
City-St-Zip: LAKELAND, FL 33801 US

Title: V () Delete
Name: LEE, JIM D
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: BOSCARINO, CHARLIE
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

Title: VP () Delete
Name: DROST, WILLIAM D
Address: 500 S FLORIDA AVE STE 700
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JIM D LEE

VP

04/28/2009

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