## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED 08:00 AM ıte

AIIIIOAE KEI OKI					,		
DOCUMENT # L06000103693  1. Entity Name OP III, LLC					Secretary of Sta		
Principal Plac	e of Business	Mailing Address			-		
-500 SOUTH FLORIDA AVENUE		500 SOUTH FLORIDA AVENUE					
SUITE 700		SUITE 700					
LAKELAND, FL 33801 US		LAKELAND, FL 33801 US				MBB (	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-LLC CR2E083 (12/06)			
City & State		City & State		4. FEI Number 20-5767984		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Register	d Agent	
AIDTH H	N A ID			Name			
AIRTH, HAL A JR. 500 SOUTH FLORIDA AVENUE SUITE 800 LAKELAND, FL 33801				Street Address	ess (P.O. Box Number is Not Acceptable)		
LI (ICLL) (IV	2,72 00001			City	F	Zip Cod	le
	named entity submits this statement for tions of registered agent.	the purpose of changing its	register	ed office or register	ered agent, or both, in the State of Florida. It	ım familiar with,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registere	d Agent signature required			ngara, a a a ay
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				Make chec Florida Depar	k payable to tment of Stat	•
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANG	iES	
TITLE	MGR	☐ Delete	TITLE		Cennungs	Change	Addition
NAME STREET ADDRESS	ODYSSEY DIVERSIFIED PROPERTIES III, LLC		NAM	E Et address	J10000093 05/27/08-80	1046-020	143.75
STREET ADDRESS CITY+ST-ZIP	5   500 SOUTH FLORIDA AVENUE, SUITE 700   LAKELAND, FL 33801			-ST-ZIP			
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NAME		Li Delete	NAM			CT Onlings	M Yearingii
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CITY-ST-ZIP			CITY	-ST-ZIP			
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STREET ADDRESS				ET ADDRESS			
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TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME CTREET ADOREGO			NAM	į.			
STREET ADDRESS   CITY-ST-ZIP				ET ADDRESS - ST - ZIP			
	partify that the information a maliant with the	his filing dags not a solt for			in Chanter 119 Elevisio Statutos I fustion and	rtifu that the infe	rmation
indicated limited liab	on this report is true and accurate and the billity company or the repeiver of trustee	nat my signature shall have tempowered to execute this	the same report as	legal effect as if many required by Chapt	in Chapter 119, Florida Statutes. I further ce nade under oath; that I am a managing men ter 608, Florida Statutes.	iber or manage	er of the

SIGNATURE:

SIGNATURE AND TOTAL OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR, Jim D Lee

4/28/08

863.647.1581