

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jul 09, 2008 8:00 am
Secretary of State

05-19-2008 90185 022 ***138.75

DOCUMENT # L06000106631 1. Entity Name DODD ASSET MANAGEMENT, LLC					
Principal Place of Business 5325 140TH AVENUE NORTH CLEARWATER FL 33761 US			Mailing Address 5325 140TH AVENUE NORTH CLEARWATER FL 33761 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/07)	
6. Name and Address of Current Registered Agent DODD, WILLIAM A JR. 5325 140TH AVENUE NORTH CLEARWATER FL 33761			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 (NOTE: Registered Agent signature required when changing) DATE 4-29-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DODD, WILLIAM A JR. 5325 140TH AVENUE NORTH CLEARWATER FL 33761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and this 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: 4-29-08 727-536-0416 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

30010207

5325 140th Avenue North
Clearwater, Florida 33760
July 7, 2008

Florida Department of State
Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

Reference L06000106624 and L06000106631

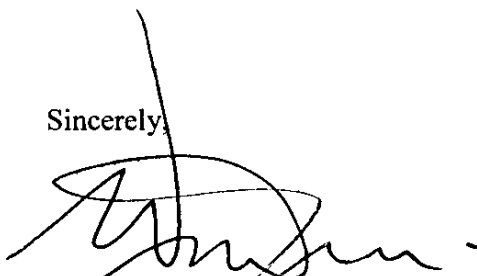
Dear Division of Corporations,

Enclosed are the corrected Annual Report forms for Opera Mariae Fund, LLC (L06000106624) and Dodd Asset Management, LLC (L06000106631). The "Not Applicable" box in Section 4 has been checked on both forms as no FEI number has been requested for either company. Annual report fees for 2008 have been previously submitted.

Please contact me at the above address or at 727-536-0416 if you have any further questions or need any additional information.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "William A. Dodd Jr.", with a large, sweeping flourish at the end.

William A. Dodd Jr.

Enclosures