## 2008 LIMITED LIABILITY COMPANY

## May 19, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L07000011253** 05-19-2008 90185 033 \*\*\*143 75 ODYSSEY DIVERSIFIED VI, LLC Principal Place of Business Mailing Address **500 SOUTH FLORIDA AVENUE 500 SOUTH FLORIDA AVENUE SUITE 700** SUITE 700 LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent AIRTH, HAL A JR. Street Address (P.O. Box Number is Not Acceptable) 500 SOUTH FLORIDA AVENUE **SUITE 800** LAKELAND, FL 33801 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition MGR TITLE Change TITLE Delete ODYSSEY MANAGEMENT VI, LLC NAME NAME 500 SOUTH FLORIDA AVENUE, SUITE 700 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP LAKELAND, FL 33801 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and appropriate and that my 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 pushes empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED JIM D Lee

CITY-ST-ZIP

4/28/08

FILED

863.647.1581