

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90185 036 \*\*\*143.75

**DOCUMENT # L07000044484**

1. Entity Name  
ODYSSEY (VI) COMMERCIAL DP V, LLC



Principal Place of Business  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

Mailing Address  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

00044010



01212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-8925125

Applied For  
Not Applicable

Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 MGR ☐ Delete  
NAME ODYSSEY MANAGEMENT VI, LLC  
STREET ADDRESS 500 SOUTH FLORIDA AVENUE, SUITE 700  
CITY-ST-ZIP LAKELAND, FL 33801

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 accurate 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR A

Jim D Lee

4/28/08

863.647.1581