

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046752

**FILED**  
**Feb 16, 2009**  
**Secretary of State**

**Entity Name:** ODC 2, LLC

**Current Principal Place of Business:**

247 NORTH COLLIER BOULEVARD  
SUITE 202  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2056  
MARCO ISLAND, FL 34146

**New Mailing Address:**

**FEI Number:** 20-8979635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRIS, WILLIAM G ESQ.  
247 N. COLLIER BLVD.  
SUITE 202  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** MORRIS, WILLIAM G ESQ.  
**Address:** 247 NORTH COLLIER BLVD., SUITE 202  
**City-St-Zip:** MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES:**

**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:** WILLIAM G. MORRIS

MGR

02/16/2009

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