

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
STATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000061801

1. Limited Liability Company's Name

ODYSEA PROPERTIES LLC

2. Principal Office Address - No P.O. Box #
700 Lake Drive

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33432 Country
USA

3. Mailing Office Address
700 Lake Drive

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

Zip
33432 Country
USA

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida **06/12/2007**

6. FEI Number

Applied For

Not Applicable

7. **CERTIFICATE OF STATUS DESIRED**

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
BDB AGENT CO

Street Address (P.O. Box Number is Not Acceptable)
5355 TOWN CENTER ROAD

Suite, Apt. #, Etc.
SUITE 900

City
BOCA RATON State
FL Zip Code
33486

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608.

Signature of
Registered Agent *[Signature]* **Assistant Secretary**
REGISTERED AGENT MUST SIGN

Date **3/25/10**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Karen Swartz	700 Lake Drive	Boca Raton FL 33432

REINSTATEMENT

08-10

CL 3-31-10

11. E-mail Address: **rmurdoch@bdblaw.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager *[Signature]* Date **3/9/10** Daytime Phone # **561-241-0414**

Typed or printed name of signing Managing Member/Manager **KAREN SWARTZ**