



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90074 006 ***138.75

DOCUMENT # L07000080076					
1. Entity Name ODEN FAMILY FUND, LLC					
Principal Place of Business 5341 BROOKLINE DRIVE ORLANDO, FL 32819			Mailing Address 5341 BROOKLINE DRIVE ORLANDO, FL 32819		
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 <input checked="" type="checkbox"/> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07112008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent ODEN, JOHN MARSHALL ESQ. 20 NORTH ORANGE AVENUE, SUITE 1500 ORLANDO, FL 32802			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODEN, JON 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODEN, LISA 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ODEN, LEN 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, SUSAN 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRELAND, EDGAR 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, GEERDA 5341 BROOKLINE DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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 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 			Date 7/22/08 Daytime Phone # 407-843-2111		