

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080076

FILED
Jul 24, 2009
Secretary of State

Entity Name: ODEN FAMILY FUND, LLC

Current Principal Place of Business:

5341 BROOKLINE DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5341 BROOKLINE DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ODEN, JOHN MARSHALL ESQ.
20 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

ODEN, JON MARSHALL ESQ.
20 NORTH ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32802 US

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: JON MARSHALL ODEN

07/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ODEN, JON
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: ODEN, LISA
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: ODEN, LEN
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: THOMAS, SUSAN
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: BRELAND, EDGAR
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: MGRM () Delete
Name: HAAS, GEERDA
Address: 5341 BROOKLINE DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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: JON MARSHALL ODEN

MGRM

07/24/2009

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