2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073369

Current Principal Place of Business:

CRAMER, LEANDRA J

11574 COLLINS CREEK DRIVE

JACKSONVILLE, FL 32258

Name:

Address:

City-St-Zip:

7826 MORGAN HILL CT.

Entity Name: ODE TO DAVE, LLC

FILED Mar 24, 2009 Secretary of State

New Principal Place of Business:

JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 7826 MORGAN HILL CT JACKSONVILLE, FL 32216 FEI Number: 26-3077035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETRUSKA, JOAN A 8236 KETCH CT. JACKSONVILLE, FL 32216 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete

PETRUSKA, JEFFREY C Name: Name: 1959 DOUGLASS BLVD Address: Address: City-St-Zip: LOUISVILLE, KY 40205 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: WILKEY, CHRISTOPHER K Name: Address: 7826 MORGAN HILL CT. Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: MRGM () Delete Title: () Change () Addition REYNOLDS, ELIZABETH Name: Name: Address: 90 CLINTON STREET, #3H Address: City-St-Zip: NEW YORK, NY 10002 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: COFFING, ANDREW J Name: Address: 3731 TRACY STREET, APT. 1/2 Address: City-St-Zip: LOS ANGELES, CA 90027 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition YOLANGO, ALYSSA E Name: Name: 22 MILL ROAD Address: Address: City-St-Zip: CALVERTON, NY 11933 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JEFFREY C. PETRUSKA MGR 03/24/2009