

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000063917

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ODYSSEY RESIDENTIAL II, INC.

**Current Principal Place of Business:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 US

**New Mailing Address:**

FEI Number: 20-4925180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

AIRTH, HAL A JR.  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 US

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

PETER A MCFARLANE PA  
500 SOUTH FLORIDA AVENUE  
SUITE 700  
LAKELAND, FL 33801 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: PETER A MCFARLANE      04/28/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: MAXWELL, LAWRENCE W  
Address: 500 SOUTH FLORIDA AVE., SUITE 700  
City-St-Zip: LAKELAND, FL 33801 US

Title: PD ( ) Delete  
Name: MAXWELL, LAWRENCE T  
Address: 500 SOUTH FLORIDA AVE., SUITE 700  
City-St-Zip: LAKELAND, FL 33801 US

Title: VP ( ) Delete  
Name: LEE, JIM D  
Address: 500 SOUTH FLORIDA AVE., SUITE 700  
City-St-Zip: LAKELAND, FL 33801 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM D LEE      VP      04/28/2009  
Electronic Signature of Signing Officer or Director      Date