

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012244

Entity Name: ODYSSEY MANAGEMENT VI, LLC

Current Principal Place of Business:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801

Current Mailing Address:

500 SOUTH FLORIDA AVENUE
SUITE 700
LAKELAND, FL 33801 US

FEI Number: 20-8400872

Certificate of Status Desired: Yes

Name and Address of Current 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PCEO
Name MADDEN, ROBERT L
Address 500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip: LAKELAND FL 33801

Title VP
Name DROST, WILLIAM D
Address 500 SOUTH FLORIDA AVENUE, SUITE 700
City-State-Zip: LAKELAND FL 33801

Title VCFO
Name FALK, BENJAMIN D
Address 500 S FLORIDA AVE STE 700
City-State-Zip: LAKELAND FL 33801

Title S
Name EBDROP, BRIDGET
Address 500 S FLORIDA AVENUE SUITE 700
City-State-Zip: LAKELAND FL 33801

Title AT
Name KELLEY, KIM S
Address 500 S FLORIDA AVENUE SUITE 700
City-State-Zip: LAKELAND FL 33801

I hereby 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 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM S KELLEY

AT

04/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date