

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000003216

1. Entity Name

EOLA SOUTH, L.L.C.



Principal Place of Business

79 WEST ILLIANA ST.
ORLANDO FL 32806

Mailing Address

79 WEST ILLIANA ST.
ORLANDO FL 32806



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
59-3704213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARLOW, T. PICTON IV
79 WEST ILLIANA ST.
ORLANDO FL 32806

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

Signature, typed or printed name of registered agent and title if applicable

T.P. WARLOW IV

(NOTE: Registered Agent signature required when reinstating)

4/13/06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME USTLER, CRAIG T
STREET ADDRESS 236 PASADENA PLACE
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Change ☐ Add
NAME 000000532454
STREET ADDRESS 05/06/06-80084-016 SU. 101
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME RAMPY, PHILIP
STREET ADDRESS 23 N. SUMMERLIN AVE.
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME WARLOW, T. PICTON IV
STREET ADDRESS 79 WEST ILLIANA ST.
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

T.P. WARLOW IV

4/13/06

Date

(407) 843-3445

Daytime Phone #