

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 050 ****50.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

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

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

7. Name and Address of New Registered Agent

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

T.P. Warlow IV
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

2/28/07
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☒ Change ☐ Addition
608 E. Central BLVD.
ORLANDO, FL 32801

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
☐ Change ☐ Addition

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TITLE
NAME
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CITY ST ZIP
☐ Change ☐ Addition

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:

T.P. Warlow IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/07
Date

(407) 843-3445
Daytime Phone #