2007 LIMITED LIABILITY COMPANY

Jan 18, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L06000023061 01-18-2007 90018 043 ****50.00 **EOLA STRATEGIC INVESTMENTS, LLC** Mailing Address Principal Place of Business **512 E. WASHINGTON STREET 512 E. WASHINGTON STREET** C/O CAPITAL PARTNERS, INC. C/O CAPITAL PARTNERS, INC. ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For Not Applicable 20-4416618 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAY, JIM Street Address (P.O. Box Number is Not Acceptable) 512 E. WASHINGTON STREET C/O CAPITAL PARTNERS, INC. ORLANDO, FL 32801 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 (NOTE; Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM Addition ☐ Defete TITLE Change TITLE NAME NAME Troy M. Cox 512 E. Washington Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32801 ☐ Delete MGR [] Change **₹** Addition TITLE Jim Gray NAME NAME 512 E. Washington Street STREET ADDRESS STREET ADDRESS Orlando, FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

PRINTED NAME OF SIG

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY+ST-ZIP

TITLE

NAME

Jim Gray

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

1/15/07

407/650-0593

☐ Addition

Change

Daytime Phone # Date

FILED