2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008
Secretary of State

DOCUMENT# L06000023061

Entity Name: EOLA STRATEGIC INVESTMENTS, LLC

Current Principal Place of Business:

512 E. WASHINGTON STREET
C/O CAPITAL PARTNERS, INC.
ORLANDO, FL 32801

New Principal Place of Business:

512 E. WASHINGTON STREET
C/O EOLA CAPITAL
ORLANDO, FL 32801

Current Mailing Address:

512 E. WASHINGTON STREET
C/O CAPITAL PARTNERS, INC.
ORLANDO, FL 32801

New Mailing Address:

512 E. WASHINGTON STREET
C/O EOLA CAPITAL
ORLANDO, FL 32801

FEI Number: 20-4416618 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRAY, JIM
512 E. WASHINGTON STREET
C/O CAPITAL PARTNERS, INC.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GRAY, JIM
512 E. WASHINGTON STREET
C/O EOLA CAPITAL
ORLANDO, FL 32801 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: JIM GRAY 02/04/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COX, TROY M
Address: 512 EAST WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete
Name: GRAY, JIM
Address: 512 EAST WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

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 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.

SIGNATURE: JIM GRAY MGR 02/04/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date