

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030640

Entity Name: EOLA 421 LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

622 E WASHINGTON STREET STE 300  
ORLANDO, FL 32801

**New Principal Place of Business:**

622 E WASHINGTON STREET STE 300  
SUITE 300  
ORLANDO, FL 32801

**Current Mailing Address:**

622 E WASHINGTON STREET STE 300  
ORLANDO, FL 32801

**New Mailing Address:**

622 E WASHINGTON STREET STE 300  
SUITE 300  
ORLANDO, FL 32801

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORRIS, SUSAN  
622 E WASHINGTON STREET STE 300  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

MORRIS, SUSAN  
622 E WASHINGTON STREET  
SUITE 300  
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: \_\_\_\_\_ 04/07/2009  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORRIS, SUSAN  
Address: 622 E WASHINGTON STREET STE 300  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

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: SUSAN MORRIS                      MGRM                      04/07/2009  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date