


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

04-26-2007 90043 040 ****50.00

DOCUMENT # L06000087948

1. Entity Name
EOLA CAPITAL LLC



Principal Place of Business
**ONE INDEPENDENT DRIVE, SUITE 1850
 JACKSONVILLE, FL 32202**

Mailing Address
**ONE INDEPENDENT DRIVE, SUITE 1850
 JACKSONVILLE, FL 32202**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04242007 Chg-LLC CR2E083 (12/06)

4. FEI Number
59-3583790 Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**EVANS, WILLIAM G
 ONE INDEPENDENT DRIVE, SUITE 1850
 JACKSONVILLE, FL 32202**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member James R. Heistand One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member William G. Evans One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sr. Vice President Troy M. Cox One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Sr. Vice President Henry F. Pratt, III One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Margaret R. Chaiker One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. Vice President Robert J. Smith One Independent Dr. Ste 1850 Jacksonville FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Margaret R. Chaiker Manager Date: 4/24/07 Daytime Phone #: 904-356-1978