

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Jul 25, 2007  
Secretary of State**

DOCUMENT# L06000087948

Entity Name: EOLA CAPITAL LLC

**Current Principal Place of Business:**

ONE INDEPENDENT DRIVE, SUITE 1850  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

ONE INDEPENDENT DRIVE, SUITE 1850  
JACKSONVILLE, FL 32202

**New Mailing Address:**

FEI Number: 59-3583790      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

EVANS, WILLIAM G  
ONE INDEPENDENT DRIVE, SUITE 1850  
JACKSONVILLE, FL 32202      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HEITSLAND, JAMES R  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM ( ) Delete  
Name: EVANS, WILLIAM G  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: COX, TROY M  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V ( ) Delete  
Name: PRATT, HENRY F III  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGR (X) Delete  
Name: CHALKER, MARGARET R  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: V (X) Delete  
Name: SMITH, ROBERT J  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HEISTAND, JAMES R  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CHALKER, MARGARET R  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

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: MARGARET R CHALKER

MGR

07/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date