

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Aug 28, 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: HEISTAND, 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 (X) Delete
Name: COX, TROY M
Address: ONE INDEPENDENT DR STE 1850
City-St-Zip: JACKSONVILLE, FL 32202

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

ADDITIONS/CHANGES:

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

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

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

08/28/2007

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