

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087948

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**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:**

PRATT, HENRY F III  
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  
Name: EOLA OFFICE PARTNERS LLC  
Address: ONE INDEPENDENT DR STE 1850  
City-St-Zip: JACKSONVILLE, FL 32202

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

I hereby 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

04/27/2010

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