

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001654

FILED
Apr 30, 2009
Secretary of State

Entity Name: WAVERLY LAKE EOLA, LLC

Current Principal Place of Business:

1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 56-2405353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENT. FLA., INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLAND, FL 32801 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: WAVERLY LAKE EOLA, INC.
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: DIR () Delete
Name: PATTERSON, STEVEN W
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: EVP () Delete
Name: STEPHENS, SAMUEL C III
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: EVP () Delete
Name: BUCK, STEVEN K
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: SVP () Delete
Name: ROSS, KIMBERLY P
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

Title: SVP () Delete
Name: WEST, GREG T
Address: 1950 SUMMIT PARK DRIVE, SUITE 300
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: SAMUEL C. STEPHENS, III

EVP

04/30/2009

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