2001 UNIFORM BUSINESS REPORT (UBR)

DOCL 1. Entity Na	JMENT# B97	7000000380	. •		FILED	
EDENS & AVANT PROPERTIES LIMITED PARTNERSHIP				FILED 01 MAY -1 PM 5: 33		
Principal Place of Business Mailing Address 1901 MAIN STREET. SUITE 900 1901 MAIN STREET. SCOLUMBIA SC 29201 COLUMBIA SC 29201			TE 900		TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address						
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State)		4. FEI Number 58-2327884 Applied For Not Applicable	
Zip Country		Zip	Country		-5. Certificate of Status Desired - \$8.75 Additional	
	6. Name and Address of C	Current Registered Agent			7. Name and Address of New Registered Agent	
		-		Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				City FL Zip Code		
8. The above	e named entity submits this state	ment for the purpose of changing its re	egistere	ed office or registe	tered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable (NOT E	- Perristere	d Agent signature require	red when reinstating) DATE	
9. Capital Co as Shown	on record. \$11,530,634	1.00 10. Amount of Capit the in FLORIDA to dut	Contrib	butions	O 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
					STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		ARTNER INFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT #	M9700000457		STRE	ET ADDRESS		
NAME Street Address Čity-St-Zip	E & A GENERAL PARTNER 1901 MAIN STREET, SUITE COLUMBIA SC 29201		CITY-	-ST-ZIP		
OCUMENT #	OCCUMBITY OF ECCU		STRE	ET ADDRESS	BK	
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP		
OCUMENT #			STREI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP	2000042744225 -05/21/0101153024 ****141.25 ****141.25	
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iame Treet address				ET ADDRESS		
OCUMENT #				ST-ZIP 		
AME TREET ADDRESS* ITY-ST-ZIP				ST-ZIP		
4. I hereby of indicated	on this report is true and accura-	ed with this filing does not qualify for the te and that my signature shall have the oute this report as required by Chapter	same	legal effect as if m	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	