



2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

| | | | | | |
|---|-----------------------------|--|--|---|--|
| DOCUMENT # B97000000380 | | | |  | |
| 1. Entity Name EDENS & AVANT PROPERTIES LIMITED PARTNERSHIP | | | | | |
| Principal Place of Business 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201 | | | Mailing Address 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 58-2327884 | |
| | | | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$11,530,634.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 9,346,710 | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | M97000000457 | | STREET ADDRESS | | |
| NAME | E & A GENERAL PARTNER, LLC | | CITY - ST - ZIP | | |
| STREET ADDRESS | 1901 MAIN STREET, SUITE 900 | | | | |
| CITY - ST - ZIP | COLUMBIA, SC 29201 | | | | |
| DOCUMENT # | | | STREET ADDRESS | | |
| NAME | | | CITY - ST - ZIP | | |
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| CITY - ST - ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE:  | | | 4/26/04 803-779-4420 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |