## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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SIGNATURE: .

## FILED DOCUMENT # B9700000380 05 MAY -6 AM 9: 59 **EDENS & AVANT PROPERTIES LIMITED PARTNERSHIP** SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1901 MAIN STREET, SUITE 900 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201 COLUMBIA, SC 29201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 58-2327884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$11,530,634.00 as Shown on record. 14,447,756 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. M97000000457 DOCUMENT # STREET ADDRESS E & A GENERAL PARTNER, LLC STREET ADDRESS 1901 MAIN STREET, SUITE 900 CITY-ST-ZIP CITY-ST-ZIP COLUMBIA, SC 29201 DOCUMENT # 200054091702 //06/05--01079--018 \*\*2276,25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CtTY-ST-ZtP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

ITED NAME OF SIGNING GENERAL PARTNER