

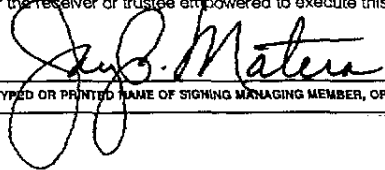


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000002182		
1. Entity Name EA-BSB 2, L.L.C.		
Principal Place of Business 1901 MAIN STREET, STE. 900 COLUMBIA, SC 29201		Mailing Address 1901 MAIN STREET, STE. 900 COLUMBIA, SC 29201
DO NOT WRITE IN THIS SPACE		
		 01052004 No Chg-LLC CR2E083 (10/03)
4. FEI Number 41-2054342		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUMPKIN, JOHN H 1901 MAIN STREET, STE. 900 COLUMBIA, SC 29201	U000000153944 05/04/04-80148-012 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCLEAN, JODIE W 1901 MAIN STREET, STE. 900 COLUMBIA, SC 29201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLMAN, CARRIE L 103 FOULK ROAD, STE. 200 WILMINGTON, DE 19803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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: 		4/21/04 803-719-4420 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		