

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2006 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**

U00000433831
02/24/06-80030-019 50.00



01192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2054342

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LUMPKIN, JOHN H
1901 MAIN STREET, STE. 900
COLUMBIA, SC 29201**

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jason K. Tompkins, Chief Financial Officer

2/1/06

803-779-4420