

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90022 050 \*\*\*138.75

**DOCUMENT # M07000002131**

1. Entity Name  
**TOWNE CENTER PLAZA (E&A), LLC**



Principal Place of Business  
**1901 MAIN ST., SUITE 900  
COLUMBIA, SC 29202**

Mailing Address  
**1901 MAIN ST., SUITE 900  
COLUMBIA, SC 29202**

**DO NOT WRITE IN THIS SPACE**



04162008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR MCLEAN, JODIE W 1901 MAIN ST., SUITE 900 COLUMBIA, SC 29202</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BROWN, TERRY W 1901 MAIN ST., SUITE 900 COLUMBIA, SC 29202</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FIGUEROA, ORLANDO %48 WALL ST. NEW YORK, NY 10005</b>
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 608, Florida Statutes.

**SIGNATURE:** *Diane C. Carr*

*VP Tax Strategy + Planning*

*4/28/08*

*(803) 744-6764*

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

Date

Daytime Phone #