


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M97000000457 1. Entity Name E&A GENERAL PARTNER, LLC	
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Principal Place of Business 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201	Mailing Address 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2327880	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____

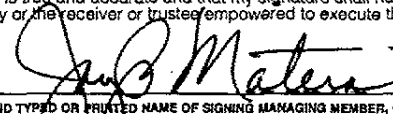
**Filing Fee is \$50.00
Due by May 1, 2004**

U00000144471
04/30/04-80131-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EDENS, JOE 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCLEAN, JODIE W 1901 MAIN STREET, SUITE 900 COLUMBIA, SC 29201
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IN THIS SPACE**

11. 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 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** **803-779-4420**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #