

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M97000000457

1. Entity Name  
E&A GENERAL PARTNER, LLC



Principal Place of Business  
1901 MAIN STREET, SUITE 900  
COLUMBIA, SC 29201

Mailing Address  
1901 MAIN STREET, SUITE 900  
COLUMBIA, SC 29201



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-2327880

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 SOUTH PINE ISLAND ROAD  
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

**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000344039  
04/29/05-80120-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	EDENS, JOE
STREET ADDRESS	1901 MAIN STREET, SUITE 900
CITY-ST-ZIP	COLUMBIA, SC 29201
TITLE	MGR
NAME	MCLEAN, JODIE W
STREET ADDRESS	1901 MAIN STREET, SUITE 900
CITY-ST-ZIP	COLUMBIA, SC 29201
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 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:

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

Date

Daytime Phone #

*Jay G. Matera*

JAY G. MATERA

4/21/05

803-779-4420