


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003923 AV

DOCUMENT # A95000000730	
1. Entity Name EPNG BUILDING, LTD.	

FILED

03 MAY -5 PM 7:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business 2295 CORPORATE BOULEVARD BOCA RATON FL 33431-0810	Mailing Address 2295 CORPORATE BLVD., NW SUITE 222 BOCA RATON FL 33431
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	DUE BY MAY 1, 2003	
Zip	Country	Zip	Country

4. FEI Number 65-0478578	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE HERRICK COMPANY, INC. 2295 CORPORATE BOULEVARD BOCA RATON FL 33431-0810	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code

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

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000036464	STREET ADDRESS	
NAME	G-P RB BUILDING, INC.	CITY-ST-ZIP	
STREET ADDRESS	2295 CORPORATE BOULEVARD, STE. 222	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431-0810	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED VP of GP 5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CRZE003 (10/02)