

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002644

1. Entity Name
EPOCH KISSIMMEE INVESTORS, LTD.

FILED
May 08, 2002 8:00 A.M.
Secretary of State

Principal Place of Business Mailing Address

300 INTERNATIONAL PARKWAY **300 INTERNATIONAL PARKWAY**
SUITE 130 **SUITE 130**
HEATHROW FL 32746 **HEATHROW FL 32746**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number **59-3486208** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOWNING, GRANT
GODBOLD, DOWNING, SHEAHAN & BILL, P.A.
222 WEST COMSTOCK AVE., STE 101
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

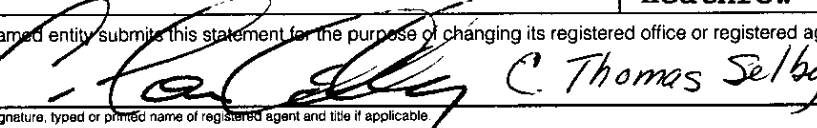
Name
Selby, C. Thomas

Street Address (P.O. Box Number is Not Acceptable)
300 International Parkway

Suite 130

City **Heathrow** FL Zip Code **32746**

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.

SIGNATURE  **C. Thomas Selby** DATE **3-21-02**

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	P97000103279
NAME	EPI KISSIMMEE, INC.
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150
CITY-ST-ZIP	HEATHROW FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	0000005499960--2
CITY-ST-ZIP	-05/09/02--01035--006 ****676.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **C. Thomas Selby** DATE **3-21-02** Daytime Phone # **407-333-1604**

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

CR2E003 (9/01)