

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007801 AT

DOCUMENT # A97000002644



FILED
03 MAY -1 PM 6:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. Entity Name
EPOCH KISSIMMEE INVESTORS, LTD.

Principal Place of Business
**300 INTERNATIONAL PARKWAY
SUITE 130
HEATHROW FL 32746**

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3486208**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELBY, C. THOMAS
300 INTERNATIONAL PKWY., STE. 130
HEATHROW FL 32746**

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

C. Thomas Selby
Signature, typed or printed name of registered agent and title if applicable

DATE

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 FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

300017204033
05/01/03--01023--025 **676.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.22.03

Date

Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE