# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000006041

1. Entity Name
EPOCH-FLORIDA CAPITAL HOTEL PARTNERS LEASING, LLC

Principal Place of Business
359 CAROLINA AVENUE
WINTER PARK, FL 32789

Mailing Address
359 CAROLINA AVENUE
WINTER PARK, FL 32789

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3580697 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNING, GRANT T
222 WEST COMSTOCK AVENUE, SUITE 101
WINTER PARK, FL 32789

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

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGRM |
| NAME | EPOCH FLORIDA CAPITAL HOTEL PARTNERS, LTD. |
| STREET ADDRESS | 359 CAROLINA AVENUE |
| CITY-ST-ZIP | WINTER PARK, FL 32789 |
| TITLE | |
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U00000794218
01/25/08-80033-016 138.75

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** _____ 1/11/08 407-644-9055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #