


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 030 ****50.00

DOCUMENT # L03000000084				
1. Entity Name EPIL SR33 II, LLC				
Principal Place of Business 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789		Mailing Address P.O. BOX 3010 WINTER PARK, FL 32790-3010		
2. Principal Place of Business 250 Park Avenue South		3. Mailing Address		
Suite, Apt. #, etc. Suite 630		Suite, Apt. #, etc.		
City & State Winter Park, FL		City & State		
Zip 32789	Country	Zip	Country	4. FEI Number 56-2100361
6. Name and Address of Current Registered Agent BATTAGLIA, W.P. 250 SOUTH PARK AVE. SUITE 630 WINTER PARK, FL 32789				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
7. Name and Address of New Registered Agent				Applied For <input type="checkbox"/> Not Applicable
Name 250 Park Avenue South Suite 630 City Winter Park				FL Zip Code 32789
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 <u>W.P. Battaglia</u>		DATE <u>04/24/06</u>		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATTAGLIA, W.P. PO BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>W.P. Battaglia</u>		Date <u>04/24/06</u> 407-622-1700		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #		