


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90009 027 \*\*\*\*50.00

<b>DOCUMENT # L03000000086</b> 1. Entity Name <b>EPIL SAXON, LLC</b>					
Principal Place of Business <b>250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789</b>				Mailing Address <b>POST OFFICE BOX 3010 WINTER PARK, FL 32790-3010</b>	
2. Principal Place of Business <b>250 Park Avenue South</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>Suite 630</b>		Suite, Apt. #, etc. 			
City & State <b>Winter Park, FL</b>		City & State 			
Zip <b>32789</b>		Country 		4. FEI Number <b>59-2100361</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BATTAGLIA, W.P. 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name 	
				Street Address (P.O. Box Number is Not Acceptable) <b>250 Park Avenue South</b>	
				Suite 630	
				City <b>Winter Park</b>	
				FL Zip Code <b>32879</b>	
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> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/24/06</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
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		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	
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	
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 606, Florida Statutes.					
<b>SIGNATURE: <u>W.P. Battaglia</u></b>			<b>W.P. Battaglia</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>04/24/06</u> Daytime Phone # <u>407-622-1700</u>		