


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90099 014 \*\*\*\*50.00

<b>DOCUMENT # L03000003418</b> 1. Entity Name EPIL NEW BROAD STREET I, LLC	
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Principal Place of Business 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789	Mailing Address PO BOX 3010 WINTER PARK, FL 32790-3010
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**DO NOT WRITE IN THIS SPACE**

20052087



04262005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-2100361	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  BATTAGLIA, W.P. 250 SOUTH PARK AVENUE, SUITE 630 WINTER PARK, FL 32789
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BATTAGLIA, W.P. PO BOX 3010 WINTER PARK, FL 32790
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11. 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 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:** W.P. Battaglia      W.P. Battaglia, Manager      4/27/05      407-622-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #