

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009759

Entity Name: EPIC BENEFICIARY, LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

C/O LIONSTONE GROUP, INC.  
605 LINCOLN ROAD, 5TH FLOOR  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

C/O LIONSTONE GROUP, INC.  
605 LINCOLN ROAD, 5TH FLOOR  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

C/O CMC GROUP, INC.  
701 BRICKELL AVE #3150  
MIAMI, FL 33131

**New Mailing Address:**

C/O CMC GROUP, INC.  
701 BRICKELL AVE #3150  
MIAMI, FL 33131

FEI Number: 20-5794418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LIONSTONE GROUP, INC.  
ATTN: BRUCE LAZAR  
605 LINCOLN ROAD, 5TH FLOOR  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

CMC GROUP INC  
ARTHUR MURPHY  
701 BRICKELL AVE #3150  
MIAMI, FL 33131 US

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.

SIGNATURE: ARTHUR J MURPHY

04/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DP PROPERTY HOLDING, LLC  
Address: 701 BRICKELL AVE STE 3150  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: UGO COLOMBO

MGR

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date