

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 NOV 17 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1. Name of Limited Partnership EPOCH GREENVILLE INVESTORS, LTD.	1a. DOCUMENT # A96000001704
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Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789	Principal Office Address 359 CAROLINA AVENUE WINTER PARK FL 32789	3. Date Formed or Registered 09/12/1996	5a. Capital Contributions as Shown on record. \$100.00 4,500,000.00
		3a. Date of Last Report 09/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: 4,500,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3405470	☐ Applied For ☒ Not Applicable
City & State	City & State	7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information) FF \$526.25	

9. Name and Address of Current Registered Agent SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY, SUITE 226 HEATHROW FL 32746	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) EPI-GREENVILLE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 359 CAROLINA AVENUE	11b. City, State & Zip Code WINTER PARK FL 32789	11c. Registration/Document Number P96000075965
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ace

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE 10/19/98

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (8/98)