	2000	UNIFORM	BUSINESS	REPORT	(UBR)
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1. Entity Name EPOCH RESERVE AT DEERWOOD - JACKSONVILLE, LTD.					FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS				חל	
Principal Place of Business Mailing Address 359 CAROLINA AVENUE 359 CAROLINA AVENUE WINTER PARK FL 32789 WINTER PARK FL 32789-31						00 FE	B 4 AM 0:	24		
	•*									
2. Principal P	lace of Business		3. Mailing Address					10111 44 111 13 1 6 1		, J
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			1	DO NOT WRITE	IN THIS SPAC	CE	
City & State City			City & State	ty & State		4. FEI Number	59-3465614		Applied For Not Applicat	ole
Zip	Country Zip		Coun	try	5. Certificate of	Status Desired		75 Additional Required		
	6. Name and	Address of Current F	Registered Agent			7. Name and A	ddress of New Reg	istered Ager	nt	_
					Name Gran	t T. Downir	na			
JACOBY, 359 CARO	greg Olina avenue				Street Address	Street Address (P.O. Box Number is Not Acceptable) Godbold, Downing, Sheahan & Bill, PA				
WINTER F	PARK FL 32789	1			222 1	West Comsta	ock Ave, S			
					City Winte	er Park		FL	Zip Code 32789	
8. The above	named entity su	bonits this statement for	the purpose of chariging it	ts registere	ed office or registe	ered agent, or both,	in the State of Florid	la.		
SIGNATURE .	Signature, lyned or pri	May 1	I dow	OTE Registere	d Agent signature require	ed when reinstating)	2/-	7/00 DATE		
9. Capital Co	ntributions	\$3,550,000.00	10. Amount of Cap	ital Contril			11. MAKE CHECK SEE REVERSE		DEPT. OF STATE E INFORMATION	
	A GEN	NERAL PARTNER TI	HAT IS A BUSINESS E	NTITY M	UST BE REGIS	TERED AND AC	TIVE WITH THIS	OFFICE.	•	
12.	NOTE: G	GENERAL PARTNER		13.	, all alliendine	in must be med	ADDRESS CHAN		·	\dashv
DOCUMENT#	370124		THE CHARACTER		ET ADDRESS	n a l	7,557,200 0		· · · ·	(66/
NAME STREET ADDRESS	359 CAROLIN	Perties, Inc. Ia avenue				1/9				CR2E003 (9/99)
CITY-ST-ZIP	WINTER PAR			CITY	- ST-ZIP	2/23/00				
DOCUMENT# NAME	P9700086004 EPI-DEERWOOD, INC. 359 CAROLINA AVENUE WINTER PARK FL 32789		STRE	ET ADDRESS	<u></u>			······································	_ °	
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STREET ADDRESS CITY-ST-ZIP					-ST-ZIP				to the state of th	
indicatéd	on this report is	true and accurate and t	this filing does not qualify f that my signature shall hav report as required by Cha	e the same	e legal effect as if	ection 119.07(3)(i), made under oath; th	Hiorida Statutes. I funat I am a General F	urther certify t Parther of the	nat the information limited partnership	or
SIGNAT	URE:		JRE RECUP PRINTED NAME OF SIGNING GEN	D	R	1/14	l/a	Daytime	e Phone #	-
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