

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001443

1. Entity Name
EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.




Principal Place of Business Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 130 **300 INTERNATIONAL PARKWAY, SUITE 130**
HEATHROW, FL 32746 **HEATHROW, FL 32746**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt # etc.

City & State City & State

Zip Country Zip Country



04132004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3486292 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY, SUITE 130
HEATHROW, FL 32746

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$6,500,100.00** 10. Amount of Capital Contributions in FLORIDA to date

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000103276	STREET ADDRESS	
NAME	EPI SOUTHBRIDGE TWO, INC.	CITY - ST - ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130		
CITY - ST - ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	
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05/07/04-20029-012 526.25

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ **4/20/2004 (407) 333-1604**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #