2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL P

FILED Feb 08, 2005 08:00 AM Secretary of State DOCUMENT # A99000001850 EPOCH-FLORIDA CAPITAL RALEIGH INVESTMENT PARTNERS, LTD. Mailing Address Principal Place of Business 359 CAROLINA AVENUE WINTER PARK FL 32789 359 CAROLINA AVENUE WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt #, etc. 1ST MOORE CR2E003 (10/04) 4. FEI Number Applied For City & State City & State 59-3609928 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWNING, GRANT Street Address (P.O. Box Number is Not Acceptable) C/O GODBOLD, DOWNING, SHEAHAN & BILL, P.A. 222 WEST COMSTOCK AVENUE, SUITE 101 WINTER PARK FL 32789 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 11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info. Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$11,000,100.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P99000098788 STREET ADDRESS NAME EPI RALEIGH, INC. STREET ADDRESS 359 CAROLINA AVENUE CHY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 0000<mark>002199</mark>98 02/08/05-80050-004 526,25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST- 7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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