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

STAPLE CHECK HERE

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL

Feb 19, 2005 08:00 AM Secretary of State DOCUMENT # A97000001863 1. Entity Name EPOCH RESERVE AT DEERWOOD - JACKSONVILLE. LTD. Principal Place of Business Mailing Address 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) City & State City & State Applied For 4. FEI Number 59-3465614 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWNING, GRANT T GODBOLD, DOWNING, SHEAHAN & BILL, PA 222 WEST COMSTOCK AVE., STE. #101 Street Address (P.O. Box Number is Not Acceptable) WINTER PARK FL 32789 Zip Code FL 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 talle if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,550,000.00 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 12. ADDRESS CHANGES ONLY DOCUMENT# 370124 STREET ADDRESS U00000235441 02/19/05-80003-011 526.25 NAME EPOCH PROPERTIES, INC. STREET ADDRESS 359 CAROLINA AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 DOCUMENT # P97000074858 STREET ADDRESS EPI-DEERWOOD, INC. NAME STREET ADDRESS 359 CAROLINA ĀVENUE CHY-ST-7IP CITY - ST - ZIP WINTER PARK FL 32789 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C/EY+ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 1 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 1 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

FILED

Daytimu Phone #