

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03242005 Chg-LP CR2E003 (10/03)

DOCUMENT # A93000000967				
1. Entity Name EPOCH DEERWOOD, LTD.				
Principal Place of Business 359 CAROLINA AVENUE WINTER PARK, FL 32789		Mailing Address 359 CAROLINA AVENUE WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3202723
				Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional 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 WINTER PARK, FL 32789			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$150.00		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 #	370124	STREET ADDRESS	600049575736 03/29/05--01066--002 ##141.25	
NAME	EPOCH PROPERTIES, INC.	CITY-ST-ZIP		
STREET ADDRESS	359 CAROLINA AVENUE			
CITY-ST-ZIP	WINTER PARK, FL 32789			
DOCUMENT #		STREET ADDRESS		
NAME	PUGH, JAMES H JR.	CITY-ST-ZIP		
STREET ADDRESS	359 CAROLINA AVENUE			
CITY-ST-ZIP	WINTER PARK, FL 32789			
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
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)(l), 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: _____  _____ 3/24/05 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>				

STAPLE CHECK HERE