

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 MAR 29 AM 8:12

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 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	600049375736 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 #	PUGH, JAMES H JR.		STREET ADDRESS		
NAME	359 CAROLINA AVENUE		CITY-ST-ZIP		
STREET ADDRESS	WINTER PARK, FL 32789				
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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)(f), 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