



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001900</b> 1. Entity Name <b>FRANK MOYA LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>1320 S. DIXIE HIGHWAY, #1060</b> <b>CORAL GABLES, FL 33146</b>			Mailing Address <b>1320 S. DIXIE HIGHWAY, #1060</b> <b>CORAL GABLES, FL 33146</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>58-2501933</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>MOYA, FRANK</b> <b>1320 S. DIXIE HIGHWAY, #1060</b> <b>CORAL GABLES, FL 33146</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. <b>\$15,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>15,000,000.00</b>		<b>12/31/04</b>	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	<b>L04000083225</b>		STREET ADDRESS		
NAME	<b>EPM GP LLC</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>1320 S. DIXIE HIGHWAY, #1060</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CORAL GABLES, FL 33146</b>		CITY-ST-ZIP		
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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:**  **Elizabeth Moya, General Prtnr** **04/20/05** **305-666-300**

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