
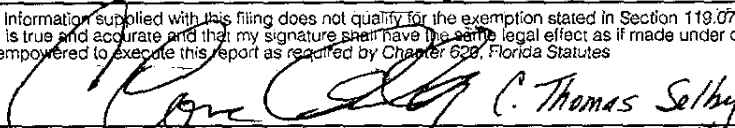


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
May 16, 2005 08:00 AM  
Secretary of State**

DOCUMENT # A97000001443			
1. Entity Name EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.			
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746		Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746		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. \$6,500,100.00		10. Amount of Capital Contributions in FLORIDA to date.	
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000103276	STREET ADDRESS	
NAME	EPI SOUTHBRIDGE TWO, INC.	CITY-ST-ZIP	
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130		
CITY-ST-ZIP	HEATHROW, FL 32746		
DOCUMENT #		STREET ADDRESS	000000367006
NAME		CITY-ST-ZIP	05/16/05-80016-027 526.25
STREET ADDRESS			
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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)(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: 		Date: 4-25-05	Daytime Phone #: 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



01042005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3486292 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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