

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

COMPANY: epoch
ACCT # 1675
DATE: 1/24/07
AMNT: \$500.00

DOCUMENT # A04000000509 1. Entity Name NEO EPOCH 1 LTD					
Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135			Mailing Address 1637 SW 8TH ST MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 34-1988697			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 NEO EPOCH 1 LTD. 1637 SW 8TH ST MIAMI, FL 33135				7. Name and Address of New Registered Agent 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00					
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 #	P04000051867		STREET ADDRESS		
NAME	NEO RIVER FRONT GP INC.		CITY-ST-ZIP		
STREET ADDRESS	1637 SW 8TH ST		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33135		CITY-ST-ZIP		
DOCUMENT #	P04000053472		STREET ADDRESS		
NAME	REATA CORP		CITY-ST-ZIP		
STREET ADDRESS	782 NW 42 AVE, STE 555		CITY-ST-ZIP		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date Daytime Phone #</small>					

STAPLE CHECK HERE

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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