

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Feb 14, 2007 08:00 AM
Secretary of State**

DOCUMENT # A9700001443
1. Entity Name
EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.



Principal Place of Business
300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746

Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746



DO NOT WRITE IN THIS SPACE

01172007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3486292	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
SELBY, C. THOMAS
300 INTERNATIONAL PARKWAY, SUITE 300
HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000103276 EPI SOUTHBRIDGE TWO, INC. 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000636447
02/26/07-80018-016-500.00

STAPLE CHECK HERE

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: _____ *[Signature]* _____ *[Date]* _____ *[Daytime Phone #]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER