


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Mar 17, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # A0600000707</b>	
<b>1. Entity Name</b> INTERNATIONAL DRIVE APARTMENTS, LTD.	

<b>Principal Place of Business</b> 359 CAROLINA AVENUE WINTER PARK, FL 32789 US	<b>Mailing Address</b> 359 CAROLINA AVENUE WINTER PARK, FL 32789 US
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01082008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-4948166	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE  
SUITE 101  
WINTER PARK, FL 32789

**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, 2008, 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 #	L06000053136
NAME	EPOCH-INTERNATIONAL DRIVE, LLC
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK, FL 32789
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**

U000000002401  
04/03/08-80049-009-500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

1/11/08 407-644-9055  
Date Daytime Phone #