

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0270022
AV

DOCUMENT # A93000000967

1. Entity Name
EPOCH DEERWOOD, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS.

03 FEB 21 PM 4:10

2/24

Principal Place of Business 359 CAROLINA AVENUE WINTER PARK FL 32789	Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **59-3202723**

Applied For	
Not Applicable	

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

6. Name and Address of Current Registered Agent

**DOWNING, GRANT T
GODBOLD, DOWNING, SHEAHAN & BILL, PA
222 WEST COMSTOCK AVE., STE. #101
WINTER PARK FL 32789**

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

9. Capital Contributions as Shown on record. \$150.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	370124
NAME	EPOCH PROPERTIES, INC.
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK FL 32789

DOCUMENT #	
NAME	PUGH, JAMES H JR.
STREET ADDRESS	359 CAROLINA AVENUE
CITY-ST-ZIP	WINTER PARK-FL 32789

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300012961039
CITY-ST-ZIP	02/21/03--01055--023 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/03

Daytime Phone # _____