PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
PART EMINIT	02 DEC	665 FILED 02 DEC 16 AM 8: 44		
DOCUMENT # ADIOCOCOEOS		SEUNE	SEUNE AUG OF STATE TALLAHASSEE, FLORIDA	
EPG UNUTED Pavetners, TUM LTD.		TALLA	BASSEL, FLONDA	
	3. Mailing Office Address	4. Date Formed or Registered To Do Business in Florida	129/01	
333 N. NEW RIVER Dr. E. Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For	
4th F100R	4th FLOOR	6. US-1117952	Not Applicable	
City & State	City & State	CERTIFICATE OF STATUS DESIRED [\$8.75 Additional Fee required for a Certificate of Status	
Zip ————————————————————————————————————	Zip	7a. Capital Contributions as shown or	_Record:	
33301 US	33301 US	7b. Amount of Capital Contributions in	FLORIDA to date:	
Name Name Name				
Street Address (P.O/Box Number is Not Acceptable) 333 N. New Ewey Drive E. Suite, Apt #, Etc.		1.) Filing Fee(s): Computed at a rate of \$ in 7b, with a minimum filing fee of \$52 for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for \$ in the first year.	2.50 and a maximum of \$437.50,	
city Ft. Landerdak, FL	State Zip Code	Note: If the amount entered in 7b is o	Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)				
MUST E	BE REGISTERED AND ACTIV Address of Each General Partner	E WITH THIS OFFICE.	10a. Registration	
Name(s) of General Partner(s)	(Do NOT Use Post Office Box Numbers)	City, State and Zip Code	Document Number	
EPG Capital Management, INC.	333 N. New River	Ft. Laudinance	POZOCO	
	44 G NO	FL 33301		
		kinstatenen	2002	
	All	1 00 00 94 12/10/0201035-	34631 003 **938.75	
General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or truetee empowered to execute this report as required by chapter 620, Florida Statutes.				
SIGNATURE				
Typed or Printed Name of General Partner Signing Form ANTHONY F. GIOLDANO Telephone Number 954-828:1911				