

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 15 PM 3:30

DOCUMENT # A010000000 865

1. Name of Limited Partnership

EPG LIMITED PARTNERS, LTD.

2. Principal Office Address

515 E. LAS OLAS BLVD

Suite, Apt. #, etc.

# 1350 SUITE

City & State

PORT LAUDERDALE

Zip

33301

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Ft. Lauderdale

Zip

33301

Country

US

4. Date Formed or Registered  
To Do Business in Florida

6/29/01

5. FEI Number

65-1117952

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7a. Capital Contributions as shown on Record:

\$ 50,000.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$ 50,000.00

8. Name and Address of Current Registered Agent

Name

ANTHONY F. GIORDANO

Street Address (P.O. Box Number is Not Acceptable)

515 E. LAS OLAS BLVD

Suite, Apt. #, Etc.

# 1350

City

FT. Lauderdale

State

FL

Zip Code

33301

900026472889  
01/08/04--01015--020 \*\*338.75

3. Penalty Fee(s): \$500 penalty fee for each year report is not filed.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration  
Document Number

515 E. LAS OLAS BLVD  
SUITE 1350

FT. LAUDERDALE, FL

M03000003966

BROADMOOR ASSET  
MANAGEMENT, LLC

**REINSTATEMENT**

03/25/03  
dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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 trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

A.F.G.

DATE

10/20/03

Typed or Printed Name of General Partner Signing Form

ANTHONY F. GIORDANO

Telephone Number

954-828-1911

CR2E039 (9/03)