


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

| | |
|--|---|
| DOCUMENT # A04000000509 1. Entity Name NEO EPOCH 1 LTD |  |
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|--|--|
| Principal Place of Business 1637 SW 8TH ST MIAMI, FL 33135 | Mailing Address 1637 SW 8TH ST MIAMI, FL 33135 |
|--|--|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |




04282006 Chg-LP CR2E003 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 34-1988697 | 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 GUERRA, FRANK ESQ 1637 SW 8TH ST MIAMI, FL 33135 | 7. Name and Address of New Registered Agent Name NEO Epoch 1 Ltd. Street Address (P.O. Box Number is Not Acceptable) 1637 SW 8 Street City Miami FL Zip Code 33135 |
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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 |
|---|------|

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 | | 13. ADDRESS CHANGES ONLY | |
|---|--|--------------------------|--------------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P04000051867 NEO RIVER FRONT GP INC. 1637 SW 8TH ST MIAMI, FL 33135 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | P04000053472 REATA CORP 782 NW 42 AVE, STE 555 MIAMI, FL 33126 | STREET ADDRESS | 100075025851 |
| | | CITY-ST-ZIP | 05/22/06--01033--028 **500.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
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| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |

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:  | Date 4/27/06 | Daytime Phone # 305-285-1418 |
|--|---------------------|-------------------------------------|

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01042006 No Chg-LP CR2E003 (11/05)

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|---|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ |
|---|------------|

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|---|---------------------|-----------------------|
| SIGNATURE:  | Date <u>4/19/06</u> | Daytime Phone # _____ |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | |

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