

A05000000760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EPMEC, LTD.  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** AD500000 760

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Abigail Walker  
(Contact Person)

27606 Wisconsin St.  
(Address)

Bonita Springs, FL 34135  
(City, State and Zip Code)

For further information concerning this matter, please call:

Abigail Walker at ( 239 ) 948-7878  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

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TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. EPMGC, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. April 15, 2005  
Date of filing/registration in Florida
3. A0500000760  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jonathan H. Green + Assoc  
Name

799 Brickell Plaza Ste 700  
Address

Miami, FL 33131  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Gary Wilson  
Porter, Wright Morris + Arthur  
Name

5801 Pelican Bay Blvd, Ste 300  
Florida street address (P.O. Box not acceptable)

Naples FL 34108  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Ellsworth E. McInlyre  
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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