


FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 SEP 12 PM 3: 57

1. Name of Limited Partnership		1a. DOCUMENT # A93000000967		97 SEP 12 PM 3: 57 	
<i>name change 8-27-97</i> EPOCH GAINESVILLE INVESTORS III, LTD. EPOCH DEERWOOD, LT D					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
359 CAROLINA AVENUE WINTER PARK FL 32789		359 CAROLINA AVENUE WINTER PARK FL 32789		09/24/1993	
				3a. Date of Last Report	
				11/12/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FL	
City & State		City & State		6. FEI Number	
Zip		Zip		59-3202723	
Country		Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent PUGH, JAMES H JR. 350 CAROLINA AVENUE WINTER PARK FL 32760	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) 500002294875--1 09/16/97 01089-085 Suite, Apt. #, etc. ****156.25 ****156.25 City <div style="text-align: right;"> FL Zip Code </div>
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10a. 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.**

[illegible]

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

12. 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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

DATE _____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)