


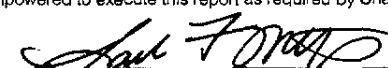


FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000708						Secretary of State					
1. Entity Name EP PROPERTIES OF DUVAL COUNTY LIMITED PARTNERSHIP											
Principal Place of Business 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207				Mailing Address 1301 RIVERPLACE BLVD., SUITE 2330 JACKSONVILLE, FL 32207							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03122004 Chg-LP CR2E003 (10/03)			
City & State				City & State				4. FEI Number 59-3371043		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
WEBER, SYLVIA 3683 CROWN POINT ROAD JACKSONVILLE, FL 32257-5956						Name					
						Street Address (P.O. Box Number is Not Acceptable)					
						City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>											
9. Capital Contributions as Shown on record. \$945,000.00						10. Amount of Capital Contributions in FLORIDA to date.					
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 #		P95000094078				STREET ADDRESS		 03/26/04-80027-013 526.25			
NAME		EP PROPERTIES OF JACKSONVILLE, INC.				CITY - ST - ZIP					
STREET ADDRESS		1301 RIVERPLACE BLVD., SUITE 2330				STREET ADDRESS					
CITY - ST - ZIP		JACKSONVILLE, FL 32207				CITY - ST - ZIP					
DOCUMENT #						STREET ADDRESS					
NAME						CITY - ST - ZIP					
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STREET ADDRESS						STREET ADDRESS					
CITY - ST - ZIP						CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Larson F. Montgomery						3/15/04 904399-5022					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>						<small>Date Daytime Phone #</small>					