2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A96000001704

1. Entity Name

EPOCH GREENVILLE INVESTORS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF PERPORATIONS

06 MAY -1 AM 10: 45

Principal Place of Business

359 CAROLINA AVENUE WINTER PARK, FL 32789

Mailing Address

359 CAROLINA AVENUE WINTER PARK, FL 32789



DO NOT WRITE IN THIS SPACE

01032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3405470

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DOWNING, GRANT T GODBOLD, DOWNING, SHEAHAN & BILL, PA 222 WEST COMSTOCK AVE., STE. #101 WINTER PARK, FL 32789

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	e 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
	e obligations of registered agent.
	y deligatione of registroto agoin.

SIGNATURE

e, typed or printed name of registered agent and title if applicable

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.

I	12.	GENERAL PARTNER INFORMATION
I	DOCUMENT /	P96000075965
I	NAME	EPI-GREENVILLE, INC.
I	STREET ADDRESS	359 CAROLINA AVENUE
l	CITY-ST-ZIP	WINTER PARK, FL 32789
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1	NAME	•
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03/14/06-01067-002-\$500.00

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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:

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE

//4/06 Date

Daytime Phone #