DOCUMENT # A9700001442 1. Entity Name EPOCH-FLORIDA CAPITAL CALYPSO CAY APARTMENTS, LT							FILED						
21 001116				01 APR 25 PM 2: 36									
Principal Place of Business 250 INTERNATIONAL PARKWAY. SUITE 150 HEATHROW FL 32746 Mailing Address 250 INTERNATIONAL PARKWAY. SUITE 150 HEATHROW FL 32746					UITE 150		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Place of Business 3. Mailing Address 3. Second in a Avenue 3. Second in a 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address					enue		.		 	<u></u>	1		
Suite, Apt. #			Suite, Apt. #, etc.			1	4/26	DO NOT WR	ITE IN THIS SI	PACE N	AJH .		
City & State Winter		FL	City & State Winter Park, FL				4. FEI Number	59-3486284	,		olied For Applicable]	
Zip Country 32789 Orange			Zip 32789	Cour Or	try ange			of Status Desired	F	8.75 Addit ee Required	tional		
6. Name and Address of Current Registered Agent Name								7. Name and Address of New Registered Agent					
SELBY, C. THOMAS Grant D Street Address (F								is Not Acceptabl	e)			┨	
250 INTERNATIONAL PARKWAY, SUITE 150 GODDOL							old, Downing, Sheahan & Bill, P.A. West Comstock Ave., Suite 101						
HEATHNOW					ock Ave.				-				
8. The above named entity submits this statement for the purpose of changing its registered office or reg								in the State of El	FL	3278	9	ļ	
SIGNATURE Mant Trawns.							4/16/01						
Signature, type of professional and the graph of the Signature required to the signature require							hen reinstating)	11. MAKE CHE	DATE CK PAYARIF 1	O DEPT OF	STATE		
as Shown on record. \$100.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIST								SEE REVER	SE SIDE FOR				
	NOTE:	General Partners MAY	NOT be changed on th	e form	; an amen	dment	must be filed	to change a g	eneral partr				
12. DOCUMENT # P								ADDRESS CH	ANGES ONLY		-	ĝ	
NAME E	EPI CALYPSO CAY APARTMENTS, INC.					359 Carolina Ayenueruments, Inc.						(1)	
	250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746			CITY	-ST-ZIP .	Ŵiñt	interrark; FLen32789					R2E003 (11/00)	
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STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP								
14. I hereby cert indicated on the receiver	rtify that the n this report or trustee e	information supplied with the strue and accurate and the mpowered to execute this	nis filing does not qualify for that my signature shall have the report as required by Chapte	he exer le same r 620 f	ription stated legal effect legida Statut	d in Secti as if mad es	on 119.07(3)(i), de under oath; th	Florida Statutes. hat I am a Genera	further certify Partner of the	that the info e limited part	rmation tnership or		
SIGNATU	IRF:	SIGNATA	(Mech)		1		4-8	2-01	407	1333-16	604		
		SIGNATURE AND TYPED OR PI	RINTED NAME OF SIGNING GENERAL	PARTNER				Date	<u>-</u>	me Phone #			

Daytime Phone #