


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

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

<b>DOCUMENT # A97000001442</b>			
1. Entity Name <b>EPOCH-FLORIDA CAPITAL CALYPSO CAY APARTMENTS, LTD.</b>			
Principal Place of Business <b>359 CAROLINA AVENUE WINTER PARK FL 32789</b>		Mailing Address <b>359 CAROLINA AVENUE WINTER PARK FL 32789</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>DOWNING, GRANT C/O GODBOLD, DOWNING, SHEAHAN &amp; BILL, P.A. 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK FL 32789</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. <b>\$7,000,100.00</b>		10. Amount of Capital Contributions in FLORIDA 30 date.	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000057236	STREET ADDRESS	
NAME	EPI CALYPSO CAY APARTMENTS, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	359 CAROLINA AVENUE		
CITY-ST-ZIP	WINTER PARK FL 32789		
DOCUMENT #		STREET ADDRESS	U000000090110
NAME		CITY-ST-ZIP	03/17/04-80003-021 526 25
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MOORE CR2E003 (11/03)

4. FEI Number **59-3486284** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #