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

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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Mar 08, 2004 08:00 AM Secretary of State DOCUMENT # A97000001442 EPOCH-FLORIDA CAPITAL CALYPSO CAY APARTMENTS, LTD. Principal Place of Business Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789 359 CAROLINA AVENUE WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State 4. FEI Number Applied For 59-3486284 Not Applicable $Z_{i}p$ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DOWNING, GRANT Street Address (P.O. Box Number is Not Acceptable) C/O GODBOLD, DOWNING, SHEAHAN & BILL, P.A. 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK FL 32789 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 Signature, typed or printed name of registered agent and title 1 applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE \$7,000,100.00 as Shown on record. in FLORIDA to date, SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION 12. 13. P97000057236 DOCUMENT # STREET ADDRESS EPI CALYPSO CAY APARTMENTS, INC. STREET ADDRESS 359 CAROLINA AVENUE CHY-ST-73P C37Y ST 73P WINTER PARK FL 32789 DOCUMENT # U000000090110 STREET ADDRESS 03/17/04-80003-021_526_25 NAME STREET ADDRESS CITY-ST-782 CITY-ST-78P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CETY - ST - ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CRY - ST - 21P 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

FILED

Daytime Phone #