2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001443

1. Entity Name

EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.

FILED
02 APR 18 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746	300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3486292 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: Selby, C. Thomas
Street Address (P.O. Box Number is Not Acceptable): 300 International Parkway
Suite 130
City: Heathrow FL Zip Code: 32746

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.

SIGNATURE [signature] C. Thomas Selby 3-21-02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. $6,500,100.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P97000103276
NAME	EPI SOUTHBRIDGE TWO, INC.
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150
CITY-ST-ZIP	HEATHROW FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	800005349998--6 -04/26/02 01003 023 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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: [signature] C. Thomas Selby 3-21-02 407-333-1604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #