


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001443					
1. Entity Name EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO, LTD.					
Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746			Mailing Address 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	4. FEI Number 59-3486292	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746			Name		
			Street Address (P O Box Number is Not Acceptable)		
			City	FL	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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record		\$6,500,100.00		10. Amount of Capital Contributions in FLORIDA to date	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000103276		STREET ADDRESS		
NAME	EPI SOUTHBRIDGE TWO, INC.		CITY- ST- ZIP		
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 130				
CITY- ST- ZIP	HEATHROW, FL 32746				
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP	05/07/04-20029-012 526.25	
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CITY- ST- ZIP					
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: _____			4/20/2004 (407) 333-1604		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE