


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:36

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. <i>Suite 300</i>		Suite, Apt. #, etc. <i>Suite 300</i>			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01072006 Chg-LP CR2E003 (11/05) 59-3486292	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>300 International Parkway, Suite 300</i> 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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000103276 EPI SOUTHBIDGE TWO, INC. 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746		STREET ADDRESS CITY-ST-ZIP	<i>300 International Parkway, Suite 300</i>	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <i>[Signature]</i> 2/22/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE