

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED


03 APR 25 PM 4:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000789 AT

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4/25

DUE BY MAY 1, 2003

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
C. Thomas Selby

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	300 International Parkway, Ste.130
CITY-ST-ZIP	Heathrow, FL 32746
STREET ADDRESS	200017109512
CITY-ST-ZIP	04/25/03--01078--011 #*526..25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  **SIGNATURE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

CR2E003 (10/02)

STATE OF FLORIDA