


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

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # A97000001863</b><br>1. Entity Name<br>EPOCH RESERVE AT DEERWOOD - JACKSONVILLE,<br>LTD. |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br>359 CAROLINA AVENUE<br>WINTER PARK FL 32789 | Mailing Address<br>359 CAROLINA AVENUE<br>WINTER PARK FL 32789 |
|--|--|

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



MOORE CR2E003 (11/03)

|   |  |
|---|--|
| 4. FEI Number<br>59-3465614                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>DOWNING, GRANT T<br>GODBOLD, DOWNING, SHEAHAN & BILL, PA<br>222 WEST COMSTOCK AVE., STE. #101<br>WINTER PARK FL 32789 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

|  |  |  |
|--|--|--|
| 9. Capital Contributions<br>as Shown on record. \$3,550,000.00 | 10. Amount of Capital Contributions<br>in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>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 |                          | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--------------------------|--------------------------|--|
| DOCUMENT #                      | 370124                   | STREET ADDRESS           |  |
| NAME                            | EPOCH PROPERTIES, INC. ✓ | CITY-ST-ZIP              | U000000030109<br>03/17/04-80003-020 526.25 |
| STREET ADDRESS                  | 359 CAROLINA AVENUE      | STREET ADDRESS           |  |
| CITY-ST-ZIP                     | WINTER PARK FL 32789     | CITY-ST-ZIP              |  |
| DOCUMENT #                      | P97000074858             | STREET ADDRESS           |  |
| NAME                            | EPI-DEERWOOD, INC. ✓     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 359 CAROLINA AVENUE      | STREET ADDRESS           |  |
| CITY-ST-ZIP                     | WINTER PARK FL 32789     | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          | STREET ADDRESS           |  |
| CITY-ST-ZIP                     |                          | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          | STREET ADDRESS           |  |
| CITY-ST-ZIP                     |                          | CITY-ST-ZIP              |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          | STREET ADDRESS           |  |
| CITY-ST-ZIP                     |                          | 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:** \_\_\_\_\_ **2/10/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE