## -2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## A97000001863 **DOCUMENT#**

1. Entity Name EPOCH RESERVE AT DEERWOOD - JACKSONVILLE, LTD.

Principal Place of Business 359 CAROLINA AVENUE

WINTER PARK FL 32789



Mailing Address 359 CAROLINA AVENUE

WINTER PARK FL 32789

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2. Principal Place	of Business	3. Mailing Addres	3. Mailing Address		I (BEIOL: IGIO 1811) (BON SON) BONS BONN BONN BEIN STORT (1916 GNOT NING STORT	
Suite, Apt. #, etc.		Suite, Apt. #, et	Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State		City & State	City & State		ber <b>59-3465614</b>	Applied For Not Applicable
Zip	Country	Zip	ip Country		te of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
DOWNING, GRANT T				Name		
GODBOLD, DOWNING, SHEAHAN & BILL, PA			{	Street Address (P.O. Box Number is Not Acceptable)		
222 WEST CO WINTER PARK	MSTOCK AVE., STE. #10 FI 32789	)1				
WHATER I FAIR	12 02:00			City	F	Zip Code
	ed entity submits this statem of registered agent.	ent for the purpose of char	nging its registered o	office or registered agent, or b	ooth, in the State of Florida. Ta	am familiar with, and accept
SIGNATURE	ure, typed or printed name of registered	agent and title if applicable.			DA	re (
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.				ons	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.

GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY 12. DOCUMENT # STREET ADDRESS **EPOCH PROPERTIES, INC.** NAME 359 CAROLINA AVENUE STREET ADDRESS CITY-ST-ZIP 300012960423 WINTER PARK FL 32789 CITY-ST-ZIP P97000074858 DOCUMENT # STREET ADDRESS EPI-DEERWOOD, INC. NAME 359 CAROLINA AVENUE STREET ADDRESS CITY-ST-7IP WINTER PARK FL 32789 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Daytime Phone #