

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002644

1. Entity Name

EPOCH KISSIMMEE INVESTORS, 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

59-3486208

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

DOWNING, GRANT
GODBOLD, DOWNING, SHEAHAN & BILL, P.A.
222 WEST COMSTOCK AVE., STE 101
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Selby, C. Thomas

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.

SIGNATURE

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

C. Thomas Selby

DATE

3-21-02

9. Capital Contributions
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO 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 # P97000103279
NAME EPI KISSIMMEE, INC.
STREET ADDRESS 250 INTERNATIONAL PARKWAY, SUITE 150
CITY-ST-ZIP HEATHROW FL 32746DOCUMENT #
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

C. Thomas Selby 3-21-02 407-333-1604