


FILED BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

526.25

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 AM 11:55

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A97000002645	
EPOCH INVESTORS XII, LTD. EPOCH-FLORIDA CAPITAL RESORT LAND PARTNERS, LTD.			



Mailing Address 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		Principal Office Address 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		3. Date Formed or Registered 12/08/1997	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$3,600,100
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	6. FEI Number 59-3486210 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country		Zip Country			

9. Name and Address of Current Registered Agent SELBY, C. THOMAS 250 INTERNATIONAL PARKWAY, SUITE 150 HEATHROW FL 32746		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) EPI RESORT LAND, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 INTERNATIONAL PAR	11b. City, State & Zip Code HEATHROW FL 32746	11c. Registration/Document Number P97000103282
AR - 437.50 AR 1000 88.75		NYK 12/30/98 500002728735--3 -01/04/99--01039--018 ***2291.25 ****526.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

DATE

12/16/98

Typed or Printed Name of General Partner Signing Form

C. Thomas Selby

Daytime Telephone Number

(407) 333-1604

CR2E03 (9/98)