2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

HERE

DOCUMENT # A97000002646 EPOCH-FLORIDA CAPITAL LAND INVESTMENT 06 MAR -3 AM 9: 49 PARTNERS, LTD. Principal Place of Business Mailing Address 359 CAROLINA AVE. 359 CAROLINA AVE. WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 59-3486235 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Selby, C. Thomas SELBY, C. THOMAS Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy 300 INTERNATIONAL PKWY., STE. 130 Suite 300 HEATHROW, FL 32746 Heathrow the purpose of changing its registered 8. The above named entity submits this statement to registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Thomas Selber 2-2006 Signature, typed or printed name divegistered age itle if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 ADDRESS CHANGES ONLY P97000103281 DOCUMENT # STREET ADDRESS NAME EPI OSCEOLA, INC. STREET ADDRESS 359 CAROLINA AVE. CITY-ST-ZIP 700068091597 CITY-ST-ZIP WINTER PARK, FL 32789 03/20/06--01012--029 **500:00 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 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP 14. I hereby certify that the information supplied with this filling dees not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my eignature 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 his report as required by chapter 629, Florida Statutes SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER