

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A98000002737**

1. Entity Name  
**EP APARTMENTS LIMITED PARTNERSHIP**



Principal Place of Business  
**1400 HANCOCK BOULEVARD**  
DAYTONA BEACH FL 32114

Mailing Address  
**8707 SKOKIE BLVD., STE. 103**  
SKOKIE IL 60077

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

FILED

03 SEP 22 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DUE BY SEPTEMBER 24, 2003**

City & State		City & State		4. FEI Number <b>59-3190446</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PALMETTO CHARTER SERVICES, INC.</b> <b>150 MAGNOLIA AVE.</b> <b>DAYTONA BEACH FL 32114</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions      **\$2,808,400.00**      10. Amount of Capital Contributions in FLORIDA to date.

**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.**

12. GENERAL PARTNER INFORMATION		13.	ADDRESS CHANGES ONLY	
DOCUMENT #	P98000096275	STREET ADDRESS		
NAME	OKFLA CORPORATION	CITY-ST-ZIP		
STREET ADDRESS	8501 NORTH LOTUS			
CITY-ST-ZIP	SKOKIE IL 60077			
DOCUMENT #		STREET ADDRESS	03/22/03--01088--001    **526.25	
NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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NAME		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: 

9/17/03

(847) 966-0350

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/03)

MB  
0003165