

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAR 27 AM 10:36

**DOCUMENT # A99000000856**

1. Entity Name  
 EPOCH-FLORIDA CAPITAL HOTEL PARTNERS, 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 300

Suite, Apt. #, etc.

Suite 300

City & State

City & State

01072006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-3580697

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELBY, C. THOMAS  
 300 INTERNATIONAL PARKWAY, SUITE 130  
 HEATHROW, FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

300 International Parkway, Suite 300

City

FL

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

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000048315  
 NAME EPI SOUTHBRIDGE, INC.  
 STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130  
 CITY-ST-ZIP HEATHROW, FL 32746

STREET ADDRESS 300 International Parkway, Suite 300

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

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STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does 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 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

2/22/06

Date

Daytime Phone #

STAPLE CHECK HERE