

**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Jan 24, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # A99000000856</b> 1. Entity Name EPOCH-FLORIDA CAPITAL HOTEL PARTNERS, LTD.	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
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01102008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3580697</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000048315 EPI SOUTHBRIDGE, INC. 300 INTERNATIONAL PARKWAY, SUITE 300 HEATHROW, FL 32746
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000000795298  
01/28/08-80041-014 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

**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:** \_\_\_\_\_ **4076449055**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #