


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A99000001486			
1. Entity Name EPD ASSOCIATES, LTD.			
Principal Place of Business 2300 ECON CIRCLE ORLANDO FL 32817		Mailing Address 2300 ECON CIRCLE ORLANDO FL 32817	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RICHARDS, JUDITH 19451 CEDAR GLEN DRIVE BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____		DATE _____	



1st MOORE CR2E003 (10/06)

4. FEI Number 58-2490501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P99000079892	STREET ADDRESS	
NAME	EPD, INC.	CITY - ST - ZIP	
STREET ADDRESS	20 COMMUNITY PLACE		
CITY - ST - ZIP	MORRISTOWN NJ 07960		
DOCUMENT #		STREET ADDRESS	U000000665368
NAME		CITY - ST - ZIP	03/23/07-80025-018 508.75
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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 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:

Eric Polheim President of G.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/12/07
Date

Daytime Phone #

STAPLE CHECK HERE