

2000 UNIFORM BUSINESS REPORT (UBR)

X00181 AF

DOCUMENT # A99000001852
 1. Entity Name
EPOCH INVESTORS XVII, LTD.

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 250 INTERNATIONAL PARKWAY, SUITE 150, HEATHROW FL 32746
 Mailing Address: 250 INTERNATIONAL PARKWAY, SUITE 150, HEATHROW FL 32746-5006

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **59-3609930**
 Applied For: Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SELBY, C. THOMAS
 250 INTERNATIONAL PARKWAY, SUITE 150
 HEATHROW FL 32746

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$100.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	P99000048815
NAME	EPI XVII, INC.
STREET ADDRESS	250 INTERNATIONAL PARKWAY, SUITE 150
CITY - ST - ZIP	HEATHROW FL 32746
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	100003219911--8
CITY - ST - ZIP	-04/24/00--01037--006
STREET ADDRESS	***141.25 ***141.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *C. Thomas Selby* **SIGNATURE REQUIRED** C. Thomas Selby 1-6-00 (407) 333-1604
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: _____ Daytime Phone #: _____

1696 (9/99)