2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003413

Entity Name: EPT MANAGEMENT COMPANY

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6090 SURE STE 102 EL PASO, T		s					
Current Mailing Address:				New Mailing Address:			
70 E LAKE ST SUITE 600 CHICAGO, IL 60601				6090 SURETY DRIVE STE 102 EL PASO, TX 79905 US			
FEI Number:	74-2602839	FEI Number Applied For ()	FEI Num	nber Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,							
in the State							
SIGNATUR		s Signature of Registered Agen	+		 Date		
Election Cam		Trust Fund Contribution ().	•		Butto		
OFFICERS	AND DIRECT	ORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		Delete RUSSELL R. STE. 102			() Change() Addition		
Title: Name: Address: City-St-Zip:	VD () [VANDENBURG, I 6090 SURETY D EL PASO, TX 79	R. ST. 102		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () DBOGAS, DAVID 6090 SURETY DEL PASO, TX 79			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	EVT () [GARRETT, CHAR 6090 SURETY D EL PASO, TX 79	R, SUITE 102		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ()E BELTRAN, STEP 6090 SURETY D EL PASO, TX 79	R, SUITE 102		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	AS (X) I CHARNAS, CHER 70 E LAKE ST, S CHICAGO, IL 60	UITE 600		Title: Name: Address: City-St-Zip:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

OIOIW (I OILL.	Electronic Giovantes of Giovaine Office on a Director		04/2/12004
SIGNATURE:	DAVID BOGAS	SEC	04/27/2004