

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

RECEIVED  
FILED  
JAN 21 2004  
Feb 02, 2004 08:00 AM  
Secretary of State

DOCUMENT # L00000002785

1. Entity Name

EPOCH DEVELOPMENT, LLC



Principal Place of Business  
359 CAROLINA AVENUE  
WINTER PARK FL 32789

Mailing Address  
359 CAROLINA AVENUE  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3636532

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNING, GRANT T  
222 WEST COMSTOCK AVENUE, SUITE 101  
WINTER PARK FL 32789

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PUGH, JAMES H JR.  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME RIVA, KYLE D  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME JACOBY, GREG  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789 ☐ Delete

TITLE MGR  
NAME BRADLEY, STEPHEN W  
STREET ADDRESS 359 CAROLINA AVENUE  
CITY- ST- ZIP WINTER PARK FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition  
000000024699  
02/02/04-80076-024 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22/04