

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED RECEIVED
 Feb 24, 2004 08:00 AM
 Secretary of State
 EPOCH PROPERTIES

DOCUMENT # L00900006040
 1. Entity Name
 EPOCH-FLORIDA CAPITAL HOTEL PARTNERS TWO LEASING, 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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



MOORE CR2E083 (11/03)

4. FEI Number: 59-3486292

Applied For:
 Not Applicable:

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 DOWNING, GRANT T
 222 WEST COMSTOCK AVENUE, SUITE 101
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ State: **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: _____ (NOTE: Registered Agent signature required when resigning) 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: MGRM NAME: EPOCH FLORIDA CAPITAL HOTEL PARTNER TWO STREET ADDRESS: 359 CAROLINA AVENUE CITY-ST-ZIP: WINTER PARK FL 32789 | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

L009000064461
 02/24/04-80013-014 50.00

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: _____ Date: 1/22/04 Daytime Phone: _____