2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am

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DOCUMENT # L0300005477 1. Entity Name							Secretary of State 02-17-2004 90195 023 ****50.00				
EPI-BARRINGTON PARK, LLC											
Principal Place	of Business		Mailing Address								
359 CAROLINA AVENUE WINTER PARK FL 32789		359 CAROLINA AVENUE WINTER PARK FL 32789			2401100						
							1111				
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE	CR2E083	3 (11/03)			
City & State		City & State			4. FEI Numb	er 51 - 045	4179:		plied For. Applicable		
Zip	Zip Country		Zip Country		ntry		5. Certificate	of Status Desired		\$5.00 Addi Fee Required	
	6. Name and Add	ress of Current F	Registered Agent		Γ		7. Name and	Address of New f		-	
					Name		حد دد حد			مادر پانسان ترا م	
DOWNING, GRANT T 222 WEST-COMSTOCK-AVENUE, SUIT			E-SHITE-101 ——	الاستاد	Street A	ddress (F	P.O. Box Numb	per is Not Acceptable	0)		
WIN.	TER PARK FL 3	2789	E, 3011E 101		 				- : -		
										· • · · · · · ·	
					City				FL	Zip Code	
	named entity submits ons of registered age		the purpose of changing its	register	ed affice or	register	ed agent, or bo	oth, in the State of Fl	orida. Iam (amiliar with,	and accept
SIGNATURE _	Signature, typed or printed na	me of registered agent a	and tate if applicable. (NOT	E: Register	nd Agent signan	ure required	when reinstating)		DATE		
			STEEL STATE OF THE STATE OF THE	TANK CEN	FEE IS \$	a. Tyrety	100				
		•	Make Check Payab		described a second		nt of State				•
			Du	e By N	ay 1, 200	4					
9.	MA	NAGING MEMBE	RS/MANAGERS	10.					/CHANGES		
TITLE NAME			Delete	TITI NAI		Mana	ging Men	iber, Preside	en r	☐ Change	Addition
STREET ADDRESS				3	ric Eet address '		s H. Puc Carolina				
CNY-ST-ZIP				CIT	Y-ST-ZIP			FL 32789			
TITLE			☐ Delete	TIT	LE			President		Change	Addition
NAME				NAI	Æ.	Greg	Jacoby		-		
STREET ADDRESS CITY-ST-ZIP					ieet address Y-st-zip		Carolina				
TITLE			☐ Delete	111				FI 32789 President		Change	Addition
"NAME"				. NA			D. Riva		y : ::::= ===	مىسىنى د	***
STREET ADDRESS					ICE1 NUUNESS		D. Kiva Carolina				
CITY-ST-ZIP								. FL 32789			Addition
TITLE NAME			☐ Delete	TIT						☐ Change	☐ Addition
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NAME STREET ADORESS				. NA	me IEET Address	İ					
CITY-ST-ZIP					Y-ST-ZIP	<u> </u>					
TITLE			Delete	īπ	LE					☐ Change	Addition
NAME				4	ME						
STREET ADDRESS CITY-ST-ZIP					reet address Y-ST-ZIP						
11. Thereby o	ertify that the informa	tion supplied with	this filing does not qualify for	r the ex	emption sta	ted in Se	ction 119.07/3	IXi), Florida Statutes	. I further ce	rtify that the in	nformation
indicated	on this report is true :	and accurate and	that my signature shall have	the san	ne legal effe	ect as if n	nade under oa	th; that I am a man:	aging memb	er or manage	er of the

SIGNATURE:		1/28	by	
SIGNATURE AND TYPED OR PR	NTED NAME OF SIGNING HAMAGER, MANAGER, OR AUTHORG	ZED REPRESENTATIVE	Alle Daysme Phone #	