


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

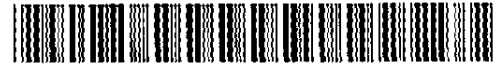
DOCUMENT # L03000005477

1. Entity Name
EPI-BARRINGTON PARK, LLC



Principal Place of Business 359 CAROLINA AVENUE WINTER PARK, FL 32789	Mailing Address 359 CAROLINA AVENUE WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0454179	Applied For <input type="checkbox"/> Not Applicable
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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**

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

1100000461771
 03/21/06-80008-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, JR., JAMES H 359 CAROLINA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACOBY, GREG 359 CAROLINA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIVA, KYLE D 359 CAROLINA AVENUE WINTER PARK, FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* *1/4/06* DATE

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

Daytime Phone #