


**2906 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000014274**  
 1. Entity Name  
**EPI-TOWNSEND, LLC**



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



01032008 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-1186029</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUGH, JAMES H JR 359 CAROLINA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBY, GREG 359 CAROLINA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIVA, KYLE D 359 CAROLINA AVENUE CHRISTMAS, FL 32709
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 03/15/06-80029-003 50.00

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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 609, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **1/4/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #