


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 A
Secretary of State

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



Principal Place of Business
**359 CAROLINA AVENUE
 WINTER PARK, FL 32789**

Mailing Address
**359 CAROLINA AVENUE
 WINTER PARK, FL 32789**

DO NOT WRITE IN THIS SPACE



01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-1186029

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**

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 re-registering)
Signature, typed or printed name of registered agent and title if applicable

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREISDORF, HOLLAN 357 CAROLINA AVE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/08-80016-005-138.75

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

[Signature] **1/21/08** **407-644-9055**
Date Daytime Phone #