


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90254 015 ****50.00

DOCUMENT # L04000048504 1. Entity Name EP ADVISORS, L.L.C.					
Principal Place of Business 3150 BELFORT ROAD ST BLDG 600 JACKSONVILLE, FL 32256			Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255		
2. Principal Place of Business 5150 BELFORT Rd, S. Suite, Apt. #, etc. BLDG 600 City & State JACKSONVILLE, FL Zip 32256 Country FLORIDA		3. Mailing Address 5150 BELFORT Rd, S. Suite, Apt. #, etc. BLDG 600 City & State JACKSONVILLE, FL Zip 32256 Country FLORIDA			
4. FEI Number 20-1320384			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 600 JACKSONVILLE, FL 32256		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENNIS, ROBERT W 5150 BELFORT ROAD S, BLDG 600 JACKSONVILLE, FL 32256		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 5/1/2007 Daytime Phone #: (904) 396-5965		

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