

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000069373

1. Entity Name  
 EPI LUGANO, L.L.C.



Principal Place of Business  
 4000 N. FEDERAL HIGHWAY STE. 206  
 BOCA RATON, FL 33431

Mailing Address  
 1000 OMNI BLVD.  
 NEWPORT NEWS, VA 23606



03272006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1440825	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

MACLAREN, LINDA O  
 798 SO. FEDERAL HIGHWAY STE 100  
 BOCA RATON, FL 33432

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000515623  
 04/29/06-80218-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ECONOMOS, NICHOLAS
STREET ADDRESS	4000 N. FEDERAL HIGHWAY STE. 206
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

NICK ECONOMOS 04/04/2006 (757) 591-3519

Date

Daytime Phone #