2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076756

1. Entity Name

Principal Place of Business

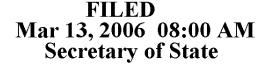
SIGNATURE:

EPI-DAKOTA SPRINGS, LLC



- -- Mailing Address

359 CAROLINA STREET 359 CAROLINA STREET WINTER PARK, FL 32789 WINTER PARK, FL 32789





DO NOT WRITE IN THIS SPACE

01032006 No Chg-LLC

CR2E083 (11/05)

Daytims Phone #

4. FEI Number 20-1928757

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.

DOWNING, GRANT T 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

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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 this it applicable NOTE: Registered		Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TATLE	MGRM			
NAME	PUGH, JAMES H JR			
STREET ADDRESS	359 CAROLINA AVE			UNIUM)0455717
City-St-Zip	WINTER PARK, FL 32789			03/23/06-80019-021 50.00
TITLE	MGRM			
NAME	JACOBY, MARK G			
STREET ADDRESS	359 CAROLINA AVE			
City-St-Zip	WINTER PARK, FL 32789			
TATLE .	MGRM			
NAME	PIVA, KYLE			
STREET ADDRESS	359 CAROLINA AVE		5.0	
CITY-ST-ZIP	WINTER PARK, FL 32789		סט	NOT WRITE
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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.				

RIZED REPRESENTATIVE