


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000019580</b> 1. Entity Name EPIC 34TH PROPERTIES, LLC	
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Principal Place of Business 550 NW 58TH STREET GAINESVILLE, FL 32607 US	Mailing Address 550 NW 58TH STREET GAINESVILLE, FL 32607 US
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**20012264**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02012006	Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>20-2397028</b>		Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PICKENS, BRENDA K  
 550 NW 58TH STREET  
 GAINESVILLE, FL 32607

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME	PICKENS, BRENDA K	NAME		NAME		NAME	
STREET ADDRESS	550 NW 58TH STREET	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP		CITY - ST - ZIP	

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.