



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000046858</b>	
1. Entity Name EPI-SOUTHWOOD, LLC	

Principal Place of Business 359 CAROLINA AVENUE WINTER PARK, FL 32789	Mailing Address 359 CAROLINA AVENUE WINTER PARK, FL 32789 US
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**DO NOT WRITE IN THIS SPACE**



01042007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-2858688</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_  
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, 2007**

**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	MGRM JACOBY, GREG 359 CAROLINA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVA, KYLE D 359 CAROLINA AVENUE WINTER PARK, FL 32789
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 02/20/07-80062-004 50.00

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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:** \_\_\_\_\_ *[Signature]* \_\_\_\_\_ *[Signature]* \_\_\_\_\_ *[Signature]*

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

Date: *1/17/07*      Daytime Phone # \_\_\_\_\_