## FILED May 25, 2007 8:00 am Secretary of State 05-01-2007 90319 004 \*\*\*\*50.00

## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000009759  1. Entity Name EPIC BENEFICIARY, LLC							US-U1-2	2007 903	319 004 *	
Principal Place of Business C/O LIONSTONE GROUP, INC. 605 LINCOLN ROAD, 5TH FLOOR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139			H FLOOR				IL DENTE SITA COM CORT	OM POM POW	00884	E ( T F) 17: 19 61
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						04242007	Chg-LLC	CR2E	E083 (12/06)	
City & Stati	City & State	City & State			2. FEI Numb	579441	8	-	pplied For of Applicable	
Zip Country		Zip Cour		itry	5. Certific		e of Status Desired		\$5.00 Ad Fee Require	
6. Name and Address of Current Registered Agent				Name	<del></del> -	7. Name and	d Address of New	Registeres	d Agent	
LIONSTONE GROUP, INC. ATTN: BRUCE LAZAR   605 LINCOLN ROAD, 5TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				ole)		
MIAMI BEA			City					■ Zip Cod	le	
8. The above	egistere	ed office or re	gistere	ed agent, or bo	oth, in the State of F	Florida, Lan	L			
the obligations of registered agent.  SIGNATURE  Signature: I) Cod or printing name of repairing agent and life / acokcable (#OTE Peopleting Agent signature required when remissance)  DATE										
Filing Fee is \$50.00 Due by May 1, 2007			Pegalitra	a Agent signesure ri	equeso	when renstating)			payable to ment of Stat	e ·
9.	MANAGING MEMBER		10.				ADDITIONS	S/CHANGE	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Property Hading 701 Crickell Avenu Higmi, FL 3313	LLC.		E EI ADDRESS -ST-ZIP	na	nagin	gnient	er	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete							☐ Change	Addition
TITLE PARAME STREET ADDRESS CITY-SI-ZIP		☐ Delete						-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deliciz		- 1					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Detote							☐ Change	Addition
THLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Oelete							☐ Change	Addition
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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: SIGNATURE AND TYPED OR PRAYED MANAGER MANAGER OR AUTHORIZED REPRESENTATIVE Date Concentrative Concentrative										