


LIMITED LIABILITY COMPANY ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT #</b> L94000000226
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EPIC HOMES L.C.  
P.O. BOX 49735  
SARASOTA FL 34230

1a. Principal Place of Business Address

4420 MANGROVE PLACE  
SARASOTA FL 34242

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified <b>05/26/1994</b>		3a. State of Formation <b>FL</b>	
4. FEI Number <b>59-3245243</b>		<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
		<input type="checkbox"/> Not Applicable	
5. Date of Last Report <b>04/25/1997</b>		6. Certificate of Status Desired <b>\$875 Additional Fee Required</b> <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

CORPORATION INFORMAT, ION SERVICES I  
1201 HAYS ST.  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BOHNE, WILLIAM E	4250 46TH AVE. SOUTH	ST. PETERSBURG FL  2/24/30/98

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** W. R. Rhee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_