2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000098798

1. Entity Name

EPI HOTEL PARTNERS THREE, INC.



Principal Place of Business

300 INTERNATIONAL PARKWAY

SUITE 300 HEATHROW, FL 32746 Mailing Address

300 INTERNATIONAL PARKWAY

SUITE 300

HEATHROW, FL 32746



01172007

No Chg-P

CR2E034 (11/05)

FILED

Feb 14, 2007 08:00 AM Secretary of State

4. FEI Number 59-3609933

Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C. THOMAS SELBY 300 INTERNATIONAL PARKWAY SUITE 300 HEATHROW, FL 32746 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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS DV TITLE C. THOMAS SELBY NAME STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130 CITY-ST-ZIP HEATHROW, FL 32746 TITLE PUGH, JAMES H JR. NAME STREET ADDRESS 359 CAROLINA AVE. CITY-ST-ZIP WINTER PARK, FL 32789 TITLE RIVA, KYLE D NAME STREET ADDRESS 359 CAROLINA AVE CITY-ST-ZIP WINTER PARK, FL 32789 TITLE JACOBY, GREG NAME 359 CAROLINA AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 TITLE BRADLEY, STEPHEN W NAME STREET ADDRESS 359 CAROLINA AVE. WINTER PARK, FL 32789 CITY-ST-ZIP TITLE NAME STREET ADDRESS

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12. Thereby 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

r / / / / Date

Davtime Phone #