


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State

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 |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



01102008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 59-3609933 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000915508
 05/09/08-80018-003 150.00

10. OFFICERS AND DIRECTORS

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

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12. 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 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: _____ **1/11/08** _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #