

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000002746

Entity Name: ZOM MAIZON GP, LLC

Current Principal Place of Business:

2001 SUMMIT PARK DR, SUITE 300
ORLANDO, FL 32810

Current Mailing Address:

2001 SUMMIT PARK DR, SUITE 300
ORLANDO, FL 32810 US

FEI Number: 32-0526736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name ZF DEVELOPMENT II, LP
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title EXECUTIVE VICE PRESIDENT & TREASURER
Name WARNER, BRIAN J.
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title SENIOR VICE PRESIDENT
Name HATCHER, GRAHAM D.
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title CHIEF EXECUTIVE OFFICER & PRESIDENT
Name WEST, GREGORY T.
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title SENIOR VICE PRESIDENT
Name CLAYTON, KYLE R.
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

Title EXECUTIVE VICE PRESIDENT
Name STEPHENS, SAMUEL C. III
Address 2001 SUMMIT PARK DR, SUITE 300
City-State-Zip: ORLANDO FL 32810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL C. STEPHENS, III

AUTHORIZED PERSON

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date