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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

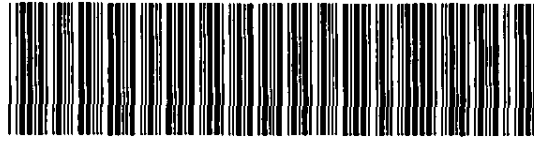
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TALLAHASSEE, FLORIDA
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DATE: 12/05/12

NAME: ZOM FORT LAUDERDALE, LTD

TYPE OF FILING: DISSOLUTION

COST: 52.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



**CERTIFICATE OF DISSOLUTION
OF
ZOM FORT LAUDERDALE, LTD.,
a Florida limited partnership**

The undersigned general partner, desiring to dissolve a limited partnership pursuant to Section 620.1203 of the Florida Statutes, hereby states the following:

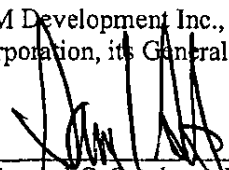
1. The name of the limited partnership is ZOM Fort Lauderdale, Ltd. (the "Partnership").
2. The Partnership's certificate of limited partnership was filed on December 21, 2001.
3. The reason the Partnership is filing this certificate of dissolution is that the Partnership is being dissolved pursuant to the provisions of its Agreement of Limited Partnership.
4. The effective date of dissolution is the date hereof.
5. A Notice of Dissolution is attached.

IN WITNESS WHEREOF, this Certificate of Dissolution has been executed by ZOM Development XI, Ltd., a Florida limited partnership, the sole General Partner of the Partnership, as of the 4th day of ~~November~~, 2012.
December

GENERAL PARTNER:

ZOM DEVELOPMENT XI, LTD., a
Florida limited partnership

By: ZOM Development Inc., a Florida
corporation, its General Partner

By: 
Samuel C. Stephens, III,
Executive Vice President

**NOTICE OF DISSOLUTION
OF
ZOM FORT LAUDERDALE, LTD.,
a Florida limited partnership**

This notice is submitted by the dissolved limited partnership named below for resolution of payment of unknown claims against this limited partnership as provided in Section 620.1807 of the Florida Statutes.

1. The name of the limited partnership is ZOM Fort Lauderdale, Ltd., (the "Partnership").

2. The following information must be included in a claim: name, address and telephone number of the person or entity making the claim; amount of the claim; date the claim was incurred; and a description of the claim.

3. The mailing address where claims can be sent is 2001 Summit Park Drive, Suite 300, Orlando, Florida 32810.

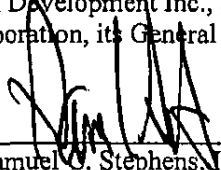
A claim against the Partnership will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Dissolution.

IN WITNESS WHEREOF, this Notice of Dissolution has been executed by the general partner of ZOM Fort Lauderdale, Ltd., as of the 4th day of ~~November~~ December, 2012.

GENERAL PARTNER:

ZOM DEVELOPMENT XI, LTD, a
Florida limited partnership

By: ZOM Development Inc., a Florida
corporation, its General Partner

By: 
Samuel G. Stephens, III,
Executive Vice President