

#A/3000000/65

DEC 13 2013 4:30 PM  
Division of Corporations

NO. 5556

P. 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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H130002730183ABCZ

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BROAD AND CASSEL (ORLANDO)  
Account Number : I19980030090  
Phone : (407) 839-4200  
Fax Number : (407) 839-4264

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TALLAHASSEE, FLORIDA

**DISS/TERM/CANCEL/REV OF LP/LLP  
ZOM NRP PALM AIRE LP**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$61.25

RECEIVED  
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TALLAHASSEE, FLORIDA

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K. SALLY  
EXAMINER

DEC 13 2013

DEC. 12. 2013 4:30PM

NO. 5566 P. 4

**CERTIFICATE OF DISSOLUTION  
FOR  
ZOM NRP PALM AIRE LP  
(Doc. No. A13000000165)**

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13 DEC 12 AM 8:19  
CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

Pursuant to Section 620.1203, Florida Statutes, this Florida limited partnership, whose certificate of limited partnership was filed with the Florida Department of State on March 28, 2013 hereby submits this Certificate of Dissolution:

- FIRST: The name of the limited partnership is ZOM NRP PALM AIRE LP.
- SECOND: All of the general and limited partners of the limited partnership consented in writing to dissolve the limited partnership, in accordance with its agreement of limited partnership.
- THIRD: A Notice of Dissolution is attached hereto.
- FOURTH: The effective date of the limited partnership's dissolution shall be the date of filing of this Certificate of Dissolution.

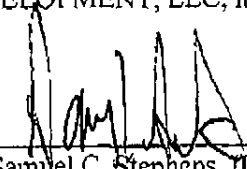
Signed effective as of December 12, 2013.

ZOM NRP PALM AIRE LP, a Florida limited partnership

By: PALM AIRE GP LLC, a Florida limited liability company, its general partner

By: ZF DEVELOPMENT, LLC, its manager

By: \_\_\_\_\_

  
Samuel C. Stephens, III,  
Executive Vice President

DEC. 12. 2013 4:31PM

NO. 5566 P. 5

**NOTICE OF DISSOLUTION  
FOR  
ZOM NRP PALM AIRE LP**

FILED  
13 DEC 12 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date of dissolution: The date of filing of the Certificate of Dissolution with the Department of State.

Description of information that must be included in a claim:

1. Full legal name, address and telephone number of claimant; and
2. Complete description, date and amount of claim.

Mailing address where claims can be sent:

ZOM NRP PALM AIRE LP  
2001 Summit Park Drive  
Suite 300  
Orlando, Florida 32810

A claim against the above-named limited partnership will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

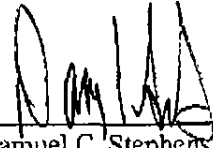
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Samuel C. Stephens, III,  
Executive Vice President