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DOCUMENT # A19289						FILED					9142MM
1. Entity Name  ZOM CORNER LAKE, LTD.											>
							01 APR 27	PM 6	: 22		7
Principal Place of Business 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810			Mailing Address 1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810				SECRETARY OF STATE TALLAHASSEE, FLORIDA			81 <b>0</b> 11 8(812 1882	ı
2. Principal Place of Business  Suite, Apt. #, etc.											
		Suite, Apt. #, e	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SP		PACE PAGE				
City & State		<u> </u>	City & State			4. FEI Numbe	59-2503016			Applied For	
Zip		Country	Zip	Cou	ntry	5. Certificate of	of Status Desired		8.75 A		<b>≟</b>
	6. Name and	d Address of Current	   Registered Agent		<del></del>		Address of New Reg	). F	ee Requir	red	$\dashv$
	or reality dis	a Addieda or Gairein	r riegistered Agent		Name	7. Name and	duress of New Neg	istered Ag	Jenn		1
BOSCHMANS, ERIC F 1950 SUMMIT PARK DRIVE					Street Addres	ss (P.O. Box Number	is Not Acceptable)	······································			1
SUITE 300		•									7
ORLANDO FL	32810							FL	Zip Co	de	1
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	ned critiy du	billio tillo state i i pri	or the purpose of che	inging its register	red office or regis	stered agent, or both	, in the State of Florid	a.			
SIGNATURE		nted name of registered agent			red office or regis		, in the State of Florid	a.			
SIGNATURE	ature, typed or pri		t and title if applicable.		ed Agent signature requ		11. MAKE CHECK I	DATE PAYABLE T			
SIGNATURE Signa  9. Capital Contrib as Shown on re	ature, typed or pri outions ecord.	\$1,625,900.00 NERAL PARTNER eneral Partners M.	10. Amount in FLOF THAT IS A BUSINIAY NOT be change	(NOTE: Register t of Capital Contri RIDA to date.	ed Agent signature requiributions	uired when reinstating)	11. MAKE CHECK I SEE REVERSE CTIVE WITH THIS (	DATE PAYABLE T SIDE FOR OFFICE.	FEE INFO		
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