

2000 UNIFORM BUSINESS REPORT (UBR)

17 0176307

DOCUMENT # A23319
1. Entity Name
ZOM LAKE BENNET, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810
Mailing Address
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810-5931



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number 59-2719682
Applied For
Not Applicable
5. Certificate of Status Desired [] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOSCHMANS, ERIC F.J.
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$3,597,200.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

Table with 2 columns: DOCUMENT #, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: 613657, ZOM PROPERTIES, INC., 1950 SUMMIT PARK DRIVE, SUITE 300, ORLANDO FL 32810

Table with 2 columns: STREET ADDRESS, CITY-ST-ZIP. Row 1: 400003267224--4, -05/25/00--01094--013, ****526.25 ****526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER [Name] Date 4/24/00 Daytime Phone # 407-644-6300

CR2E003 (9/99)