

2001 UNIFORM BUSINESS REPORT (UBR)

0002424 AF

DOCUMENT # A23319

1. Entity Name

ZOM LAKE BENNET, LTD.

FILED

01 APR 27 PM 6: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

RJH

Principal Place of Business
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810

Mailing Address
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2719682**
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSCHMANS, ERIC F.J.
1950 SUMMIT PARK DRIVE
SUITE 300
ORLANDO FL 32810

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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **613657**
NAME **ZOM PROPERTIES, INC.**
STREET ADDRESS **1950 SUMMIT PARK DRIVE, SUITE 300**
CITY-ST-ZIP **ORLANDO FL 32810**

STREET ADDRESS
CITY-ST-ZIP
200004193102--1
-05/10/01--01060--022
******526.25 ****526.25**

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)