GeDex10/9/98

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP " WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 12 AM H: 22

1. Name of Limited Partnership	A25212				
ZOM YOUNG PINE, LTD.					
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1950 SUMMIT PARK DRIVE SUITE 300	1950 SUMMIT PARK DRIVE Suite 300			\$4,009,000.00	
ORLANDO FL 32810	ORLANDO FL 32810		12/16/1997	5b. Amount of Cepital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to dete:	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
BOSCHMANS, ERIC F		Name			
1950 SUMMIT PARK DRIVE		Street Addre	ess (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #	, etc.		
ORLANDO FL 32810		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and eccept the obliging	or registered agent, or both in the State of Flor		rship organized or registered under the laws of the ews authorized by its general partner(s). I hereb	State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Appointment	- XIXIIIII		DATE	2/18/88	
A GENERAL PARTNER TH		LIMITED ID ACTIV	PARTNERSHIP OR OTHE	R BUSINESS ENTITY	
11. Neme(s) of General Partner(s)	11a. Address of Each Gener		11b. City, State & Zip Code	11c. Registration/ Document Number	
ZOM PROPERTIES, INC.	1950 SUMMIT PARK DRIV		ORLANDO FL 32810	613657	
r de la companya de l			400002 -10/17 *****5	66 4014 78 -0 1085-027 2 6 .2 5 ****526.25	
			4		
Note: General partners MAY N	OT be changed on this form	n; an ame	endment must be filed to chi	ange a general partner.	
12. I do hereby certify that the information supplied a Corporations from any liability of non-compliance	with this filing is voluntarily furnished and does no e with Section 119.07(3)(x) in the event that the ir my signature shall have the same legal effects as	t qualify for the enformation suppli		tatutes. I release the Division of certify that the information indicated on	
SIGNATURE	'MM' What'		DATE	9/21/18	
Typed or Printed Name of General Partner Signing Form	"Samuel C. Stephens, I	II, Presid	ient Daytime Telephone Number	407 644 6300	