

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001171**

1. Entity Name

**ZOM METROWEST-II, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 18 -AM 10: 02




DO NOT WRITE IN THIS SPACE

Principal Place of Business  
7000 CENTRAL PARKWAY, SUITE 1500  
ATLANTA GA 30328

Mailing Address  
3201 SOUTH TAMARAC DRIVE, SUITE 200  
DENVER CO 80231

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

3. Mailing Address  
90 Angela Martinez  
Suite, Apt. #, etc.  
3201 S. Tamarac Dr., #200  
City & State  
Denver, CO  
Zip Country  
80231 USA

4. FEI Number **59-3204105**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. **\$8,559,406.00**

10. Amount of Capital Contributions in FLORIDA to date. **8,559,406.00**

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 #                      | M97000000242                     | STREET ADDRESS | 100003371531--8          | 08/24/00 01041 024 |
| NAME                            | SHLP MULTIFAMILY MANAGEMENT, LLC | CITY-ST-ZIP    |                          |                    |
| STREET ADDRESS                  | 7000 CENTRAL PARKWAY, #1500      |                | ****926.25               | ****926.25         |
| CITY-ST-ZIP                     | ATLANTA GA 30328                 |                |                          |                    |
| DOCUMENT #                      |                                  | STREET ADDRESS |                          |                    |
| NAME                            |                                  | CITY-ST-ZIP    |                          |                    |
| STREET ADDRESS                  |                                  |                |                          |                    |
| CITY-ST-ZIP                     |                                  |                |                          |                    |
| DOCUMENT #                      |                                  | STREET ADDRESS |                          |                    |
| NAME                            |                                  | CITY-ST-ZIP    |                          |                    |
| STREET ADDRESS                  |                                  |                |                          |                    |
| CITY-ST-ZIP                     |                                  |                |                          |                    |
| DOCUMENT #                      |                                  | STREET ADDRESS |                          |                    |
| NAME                            |                                  | CITY-ST-ZIP    |                          |                    |
| STREET ADDRESS                  |                                  |                |                          |                    |
| CITY-ST-ZIP                     |                                  |                |                          |                    |
| DOCUMENT #                      |                                  | STREET ADDRESS |                          |                    |
| NAME                            |                                  | CITY-ST-ZIP    |                          |                    |
| STREET ADDRESS                  |                                  |                |                          |                    |
| CITY-ST-ZIP                     |                                  |                |                          |                    |

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:  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/4/00  
Date

303-283-4101  
Daytime Phone #

CR2E003 (5/00)