

1062

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY 31 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001171

1. Entity Name

Zom Metrowest II, Ltd.

Principal Place of Business

10010 Belle Rive Blvd.
Jacksonville, FL 32256

Mailing Address

Attn: Angie Martinez
3201 S. Tamarac Dr.
Suite 200
Denver, CO 80231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2334493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(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

NAME

SHLP Multifamily Management, LLC

STREET ADDRESS

7000 Central Parkway, #1500

CITY- ST- ZIP

Atlanta, GA 30328

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #

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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: see attached

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

800004420698-7
-06/14/01--01110--005
*****526.25 *****526.25

29/2

Zom Metrowest II, Ltd., a Florida limited partnership

By: SHLP Multifamily Management, LLC, a Georgia limited liability company, general partner

By: SHLP Realty Advisors, Inc., a Florida corporation

By: Alan G. Lee
Alan G. Lee, Sec/Treasurer