

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 29 AM 9:36



1. Name of Limited Partnership ZOM TOWN AND COUNTRY, LTD.	1a. DOCUMENT # A95000001615
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Mailing Address 2269 LEE ROAD WINTER PARK FL 32789	Principal Office Address 2269 LEE ROAD WINTER PARK FL 32789
2. Mailing Address 1950 Summit Park Drive Suite, Apt. #, etc. Suite 300 City & State Orlando, FL Zip 32810	2a. Principal Office Address 1950 Summit Park Drive Suite, Apt. #, etc. Suite 300 City & State Orlando, FL Zip 32810

3. Date Formed or Registered 10/26/1995	5a. Capital Contributions as Shown on record \$1,574,990.00
3a. Date of Last Report 01/03/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FET Number 59-3327692
7. Certificate of Status Desired	☐ Applied For ☐ Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent BOSCHMANS, ERIC F 2269 LEE ROAD WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name Boschmans, Eric F.J. Street Address (P.O. Box Number is Not Acceptable) 1950 Summit Park Drive Suite, Apt. #, etc. Suite 300 City Orlando
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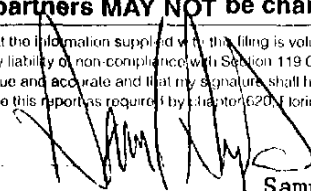
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) ZOM PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2269 LEE ROAD 1950 Summit Park Drive Suite 300	11b. City, State & Zip Code --WINTER PARK FL 32789-- Orlando, FL 32810	11c. Registration/Document Number 613657
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE  Typed or Printed Name of General Partner Signing Form	Samuel C. Stephens, III, President Daytime Telephone Number (407) 644-6300
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OR2003 (6/97)