


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 JAN -3 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership ZOM BOCA RATON, LTD.		1a. DOCUMENT # 196000002269			
Mailing Address 2269 LEE ROAD WINTER PARK, FL 32789		Principal Office Address 2269 LEE ROAD WINTER PARK, FL 32789		3. Date Formed or Registered 12/03/1996	
				5a. Capital Contributions as Shown on record \$7,500,000.00	
				3a. Date of Last Report	
				5b. Amount of Capital Contributions in FL ORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc		Suite, Apt. #, etc.		6. FEI Number 59-3413922	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent BOSCHMANS, ERIC F.J. 2269 LEE ROAD WINTER PARK, FL 32789		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City FL Zip Code	

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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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 DEVELOPMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2269 LEE ROAD	11b. City, State & Zip Code WINTER PARK, FL 32789	11c. Registration/Document Number 545650
800002057748--4 -01/14/97--01154--020 ****576.25 ****576.25			

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

Steven W. Patterson, President

Typed or Printed Name of General Partner Signing Form

ZOM DEVELOPMENT, INC.

DATE **12/20/96**

Daytime Telephone Number **(407) 644-6300**

CR2ED03 (6/96)