

**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

FILED

98 JAN -2 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/15

1. Name of Limited Partnership

ZOM Kensington, Ltd.

1a. DOCUMENT #
A97000002662

Mailing Address

**1950 Summit Park Drive
Suite 300
Orlando, FL 32810**

Principal Office Address

**1950 Summit Park Drive
Suite 300
Orlando, FL 32810**

3. Date Formed or Registered

12/10/97

5a. Capital Contributions as
Shown on record

\$10,999,000.00

3a. Date of Last Report

N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State or Country of Formation

Florida

6. FEI Number

59-3478719

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired



**\$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

**Eric F.J. BOSCHMANS
1950 Summit Park Drive
Suite 300
Orlando, FL 32810**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

688882487886-8

-01/21/98--01090--019

******550.00 FL ****550.00**

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

12/28/97

**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 I, Ltd.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

**1950 Summit Park Drive
Suite 300**

11b. City, State & Zip Code

Orlando, FL 32810

11c. Registration/
Document Number

A97000002377

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

By: **ZOM Development, Inc., General Partner of
ZOM Development I, Ltd., General Partner of
ZOM Kensington, Ltd.** DATE **12/26/97**

Samuel C. Stephens, III, Vice President, ZOM Development, Inc. Daytime Telephone Number **(407) 644-6300**

CR2E003 (6/97)