


2000 UNIFORM BUSINESS REPORT (UBR)

0002413 1

DOCUMENT # A98000000953

1. Entity Name
ZOM CORAL SPRINGS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 28 AM 3:05 

Principal Place of Business
 1950 SUMMIT PARK DRIVE, SUITE 300
 ORLANDO FL 32810-5945

Mailing Address
 1950 SUMMIT PARK DRIVE, SUITE 300
 ORLANDO FL 32810-5931



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number **59-3490898**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BOSCHMANS, ERIC F.J.
1950 SUMMIT PARK DRIVE, SUITE 300
ORLANDO FL 32810-5945

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. **\$8,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | A97000002676 ZOM DEVELOPMENT II, LTD. 1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945 |
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| 13. ADDRESS CHANGES ONLY | |
|-----------------------------------|--|
| STREET ADDRESS CITY - ST - ZIP | 100003267011--8 -05/25/00--01083--014 ****526.25 ****526.25 |
| STREET ADDRESS CITY - ST - ZIP | |
| STREET ADDRESS CITY - ST - ZIP | |
| STREET ADDRESS CITY - ST - ZIP | |
| STREET ADDRESS 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: **SIGNATURE REQUIRED** *Samuel C. Stephens* **4/24/00** **407-644-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)