2001	UNIFORM	BUSINESS	REPORT	(UBR
				10011

DOCUMENT # A9800000953]	£4.50		· .	457
ZOM CORAL SPRINGS, LTD.				FILED			Ą		
LOW COUNT OF THROOF, LID.					01 APR 27 PM 6: 20				
Principal Place of Business Mailing Address					1	SECRETARY OF ST	ATE		
1950 SUMMIT ORLANDO FL	PARK DRIVE, SUITE 300 . 32810-5945	1950 SUMMIT PARK DRIVE ORLANDO FL 32810-5945	SUITE	300	•	TÄLLAHASSEE: FLO	RIDA		
2. Principal Place of Business 3. Mailing Address					-		illi so li s is	184 81188 1111 1881 	-
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS S	SPACE	MJH	
City & Sta	te	City & State		4. FEI Number	59-3490898		Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate o		\$8.75 Fee Requ	Additional	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New Registered A			
DOGOLII4	ANO EDIO E I			Name					
BOSCHMANS, ERIC F.J. 1950 SUMMIT PARK DRIVE, SUITE 300				Street Address ((P.O. Box Number is Not Acceptable)				1
ORLANDO) FL 32810-5945								7
				City FL Zip Code					
8. The above	named entity submits this statement fo	r the purpose of changing its r	egistere	ed office or register	ed agent, or both,	in the State of Florida.		•	
SIGNATURE	Circles								
9. Capital Co		10. Amount of Capital	Contrib	d Agent signature required	when reinstating)	11. MAKE CHECK PAYABLE	TO DEPT	. OF STATE	\dashv
as Shown	off fecola.	in FLORIDA to dat		UST BE REGIST	ERED AND AC	SEE REVERSE SIDE FOR		ORMATION	_
10	NOTE: General Partners MA	Y NOT be changed on the	form	; an amendment	must be filed	to change a general part	ner.		_
DOCUMENT #	GENERAL PARTNEF A97000002676	TINFORMATION	13.			ADDRESS CHANGES ONL	<u>Y</u>		lg.
NAME STREET ADORESS	ZOM DEVELOPMENT II, LTD. 1950 SUMMIT PARK DRIVE, SUIT	300		ET ADDRESS			<u> </u>		2E003 (11/00)
CITY-ST-ZIP	ORLANDO FL 32810-5945		CITY-	-ST-ZIP					
DOCUMENT # NAME			STRE	ET ADDRESS					5
STREET ADDRESS CITY-ST-ZIP			CITY-	-ST-ZIP	2000041943422				
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DOCUMENT # NAME -			STREE	ET ADDRESS					1
STREET ADDRESS, City-St-Zip	Λ		i	ST-ZiP					7
14. I hereby of indicated the receive	ertify that the information supplied with on this report is true and acculate and l er or trustee empowered to execute this	this filing poes not qualify for the that my signature shall have the report as lequiled by Chapter	ne exen e same 620, F	nption stated in Sec legal effect as if ma lorida Statutes	ction 119.07(3)(i), ade under oath; th	Florida Statutes. I further certifiat I am a General Partner of the	y that the	e information I partnership or	

SIGNATURE AND THE OR PRINTED NAME OF SIGNATURE AND THE ORDER OF SIGNATURE OF SIGNAT