## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

fellex 10/9/98

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Name of Limited Partnership

1a. DOCUMENT # A9800001395

FILED 98 0CT 26 AM 10 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ZOM DEVELOPMENT IV, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capit	al Contributions as n on record.	
1950 SUMMIT PARK DRIVE. SUITE 300 ORLANDO FL 32810-5945	1950 SUMMIT PARK DRIVE. SUITE 300 ORLANDO FL 32810-5945			06/05/1998  3a. Date of Last Report	\$1,000.00		
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address			FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59 351321	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional		
Zip Country	Zip Country			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee Information)			
9. Name and Address of Current Registered Agent			<u>.</u>	10. If changed, new Registered Agent/Office			
BOSCHMANS, ERIC F. J.		Name					
1950 SUMMIT PARK DRIVE, SUITE 300		Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32810-5945	Suite, Apt. #		#, etc.	ic.			
City				FL Zlp 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 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 620.492, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  DATE  DATE  DATE  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)	11a. Address of Each General (Do NOT Use Post Office Bo	il Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ZOM DEVELOPMENT, INC.	1950 SUMMIT PARK DRIV		ORL	ORLANDO FL 32810-5945		545650 575120——6	
				000002675120—6 -10/28/9801093010 ****141.25 ****141.25			
, <b>~</b>							
•				dos			
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 slightfure 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. Fortida Statutes.							
SIGNATURE	nuel C. Stephens, III, Vice President Daytime Telephone Number 407 644 6300					98	
Typed or Printed Name of General Partner Signing Form  Samuel C. Stephens, III, Vice President  ZOM Development Inc.							