

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000001944**

1. Entity Name  
**ZOM SOUTH BEACH, LTD.**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05  
*hjs*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3526897**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOSCHMANS, ERIC F.J.**  
1950 SUMMIT PARK DRIVE, SUITE 300  
ORLANDO FL 32810-5945

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. **\$9,999,010.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **A98000001395**  
NAME **ZOM DEVELOPMENT IV, LTD.**  
STREET ADDRESS **1950 SUMMIT PARK DRIVE, SUITE 300**  
CITY - ST - ZIP **ORLANDO FL 32810-5945**

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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** *C. Stephens, JR* 4/24/00 407-644-6300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *vice President* Date Daytime Phone #

11-01000001

CR2E003 (9/99)