

2001 UNIFORM BUSINESS REPORT (UBR)

0002-51 AF

DOCUMENT # A98000001944

1. Entity Name

ZOM SOUTH BEACH, LTD.

FILED

01 APR 27 PM 6:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business 1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945	Mailing Address 1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3526897** Applied For
Not Applicable

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**

STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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** Date _____ Daytime Phone # **407 644 6300**

CR2E003 (11/00)