

# 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 <b>1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945</b>	Mailing Address <b>1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number <b>59-3526897</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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
State: <b>FL</b> 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 #	<b>A98000001395</b>
NAME	<b>ZOM DEVELOPMENT IV, LTD.</b>
STREET ADDRESS	<b>1950 SUMMIT PARK DRIVE, SUITE 300</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810-5945</b>

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS
CITY-ST-ZIP

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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]* **SIGNATURE REQUIRED** 4/27/01 4076446300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)