

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
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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 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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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 REQUIRED** _____ Date _____ Daytime Phone # _____

CR2E003 (11/00)