2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # A98000002039

DOCUMENT # A98000002039 1. Entity Name FILEU ZOM OCEAN DRIVE, LTD. SECRETARY OF STATE DIRECTIONS OF CORPORATIONS Mailing Address Principal Place of Business 00 JUN 16 AM 9: 54 3. Mailing Address 2. Principal Place of Business 1950 Summit Park Drive 1950 Summit Park Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 300 Suite, Apt. #. etc. Applied For City & State 4. FEI Number City & State 52-2130113 Not Applicable Orlando, Florida Orlando, Country --\$8.75 Additional Country 5. Certificate of Status Desired -Zip USA 32810 32810 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Eric F.J. Boschmans Street Address (P.O. Box Number is Not Acceptable) 1950 Summit Park Drive, Suite 300 Orlando, Florida 32810 Zip Code City FL 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) Signature, typed or printed name of registered agent and tate if applicable. 10. Amount of Capital Contributions

□□ ORIDA to date. \$1,000.00 MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION \$1,000.00 as:Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. A00000000534 DOCUMENT **#** STREET ADDRESS ZOM Development VIII, Ltd. NAME STREET ADDRESS 1950 Summit Park Dr., Suite 300 CITY-ST-ZIP CITY-ST-ZIP Orlando, Florida 32810 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST. ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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

20 M DEVELOPMENT VIII) L+4: Seneral Partner

By: 20 M DEVELOPMENT VIII) L+4: Seneral Partner

By: 20 M DEVELOPMENT VIII) L+4: Seneral Partner

By: 30 M DEVELOPMENT VIIII DEVELOPMENT VIIII Date

By: 50 M DEVELOPMENT VIIII Date

Date

Date