

2000 UNIFORM BUSINESS REPORT (UBR)

0002491 AF

DOCUMENT # A99000000398

1. Entity Name
ZOM LAKE EOLA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3559813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. \$5,999,010.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	A99000000397 ZOM DEVELOPMENT V, LTD. 1950 SUMMIT PARK DRIVE, SUITE 300 ORLANDO FL 32810-5945	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	800003257008--7
DOCUMENT #		CITY-ST-ZIP	-05/25/00--01083--012
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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 **Del C. Stephens, III** **4/24/00** **407-644-6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (3/99)