

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002452 AF

**DOCUMENT # A99000000535**

1. Entity Name  
**ZOM CARROLLWOOD, LTD.**

FILED

01 APR 27 PM 6:21

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**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3567284**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$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. **\$10,999,010.00**

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 |  |
|---------------------------------|--|
| DOCUMENT #                      | <b>A99000000534</b>                      |
| NAME                            | <b>ZOM DEVELOPMENT VI, LTD.</b>          |
| STREET ADDRESS                  | <b>1950 SUMMIT PARK DRIVE, SUITE 300</b> |
| CITY-ST-ZIP                     | <b>ORLANDO FL 32810-5945</b>             |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |
| DOCUMENT #                      |  |
| NAME                            |  |
| STREET ADDRESS                  |  |
| CITY-ST-ZIP                     |  |

| 13. ADDRESS CHANGES ONLY |                              |
|--------------------------|------------------------------|
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           | <b>300004192933 9</b>        |
| CITY-ST-ZIP              | <b>-05/10/01--01060--002</b> |
|                          | <b>***526.25 ***526.25</b>   |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| STREET ADDRESS           |                              |
| CITY-ST-ZIP              |                              |
| 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 **4/24/01** Daytime Phone # **407 644 6300**

CR2E003 (11/00)