

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000006100

Entity Name: NWM ZOM GP, LLC

Current Principal Place of Business:

2001 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

Current Mailing Address:

2001 SUMMIT PARK DRIVE
SUITE 300
ORLANDO, FL 32810

FEI Number: 90-0776267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name THE NORTHWESTERN MUTUAL LIFE
INSURANCE CO
Address 720 EAST WISCONSIN AVENUE STE
650
City-State-Zip: MILWAUKEE WI 53202

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RYAN OLSON

AUTHORIZED REP

04/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date