

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96-60

1. Entity Name

ZORN ASSOCIATES, LTD.
A96000000066

FILED

00 APR 27 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5257 FOUNTAINS DRIVE SOUTH-APT. 304
LAKE WORTH, FL 33467

MARILYN SILVERMAN
C/O ZORN ASSOCIATES

SAME
ADDRESS

2. Principal Place of Business

5257 FOUNTAINS DRIVE SOUTH

3. Mailing Address

SEE ABOVE

Suite, Apt. #, etc.

APT. 304

Suite, Apt. #, etc.

#304

City & State

LAKE WORTH, FL

City & State

4. FEI Number

65-0636298

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOTE: You changed Zorn Partners, LTD.
to include my name, Marilyn Zorn
Silverman, & were requested to do the
same for this partnership, but you
neglected to do so. Pls correct!

Name MARILYN SILVERMAN

Street Address (P.O. Box Number is Not Acceptable)

5257 FOUNTAINS DRIVE SOUTH-APT. 304

City LAKE WORTH

FL

Zip Code

33467

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 MARILYN SILVERMAN (LIMITED PARTNER) *Marilyn Zorn Silverman* APRIL 28, 2000
Signature, typed or printed name of registered agent and date if agent is new (Not a Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.

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 # # A 9600000066
NAME EDWARD S. ZORN
STREET ADDRESS 5257 FOUNTAINS DRIVE SOUTH-APT. 304
CITY-ST-ZIP LAKE WORTH, FL 33467

STREET ADDRESS
CITY-ST-ZIP 500003247125--7
-05/10/00--01097--015
****526.25 ****526.25

DOCUMENT # # A 9600000066
NAME ROSETTA S. ZORN
STREET ADDRESS 5257 FOUNTAINS DRIVE SOUTH-APT. 304
CITY-ST-ZIP LAKE WORTH, FL 33467

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: *Marilyn Zorn Silverman* - MARILYN ZORN SILVERMAN NJ-201-886-1313
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 4/28/00 Daytime Phone #

CR2E003 (9/99)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS that I, **EDWARD S. ZORN**, of Lake Worth, Florida 33467, do hereby make, constitute and appoint my Durable Power of Attorney, my son, **RICHARD ZORN**, and my daughter, **MARILYN SILVERMAN**, to serve jointly as my true and lawful Attorneys in Fact, referred to herein as my "Attorney in Fact," to exercise the powers and discretion set forth below and without approval or consent of any other Attorney in Fact.

This Durable Power of Attorney shall be applicable to all of my property, including all real property and homestead real property; all personal property, tangible or intangible; all property held in any type of joint tenancy, including a tenancy in common, joint tenancy with right of survivorship, or a tenancy in the entirety; all property over which I hold a general, limited, or special power of appointment; choses in action; and all other contractual or statutory rights or elections, including but not limited to, any rights or elections in any probate or similar proceeding to which I may be entitled.

My attorney in fact shall serve for me and in my name, place and stead, and on my behalf, and for my use and benefit, to do any lawful act for and in my name, including, but not limited to, the following:

A. To transfer, convert, endorse, sell assign, set over and deliver any and all shares of stock, bonds (including but not

The rights, powers and authority of said attorney in fact herein granted shall commence and be in full force and effect immediately upon execution. This Durable Power of Attorney shall remain in full force and effect until I die, revoke the power of attorney by an instrument in writing or until I am adjudicated totally or partially incapacitated by a court of competent jurisdiction, unless the court determines that certain authority granted by the durable power of attorney is to remain exercisable by the attorney in fact.

Dated this 1 day of April, 1996.

IN THE PRESENCE OF:

Linda S. Campbell
Witness
Print Name: Linda S. Campbell

Edward S. Zorn
EDWARD S. ZORN
4242 D'Este Court #207
Lake Worth, FL 33467

Batricia Clark
Witness
Print Name: Batricia Clark

STATE OF FLORIDA

COUNTY OF Broward

The foregoing instrument was acknowledged before me this 1 day of April, 1996, by EDWARD S. ZORN who is personally known to me, who has produced _____ as identification, and did take an oath.

Donna Dougherty
Notary Signature

