

2001 UNIFORM BUSINESS REPORT (UBR)

0008353 AF

DOCUMENT # A960000000066

1. Entity Name

ZORN ASSOCIATES, LTD.

Principal Place of Business

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

Mailing Address

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

FILED

01 MAY -3 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5257 FOUNTAINS DRIVE SOUTH
Suite, Apt. #, etc.
APT. 304

3. Mailing Address

5257 FOUNTAINS DRIVE SO
Suite, Apt. #, etc.
APT. 304

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

4. FEI Number

65-0636298

Applied For

Not Applicable

Zip

33467

Country

PALM BEACH

Zip

33467

Country

PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILVERMAN, MARILYN S
5257 FOUNTAINS DRIVE SOUTH, APT. 304
LAKE WORTH FL 33467

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE) Registered Agent signature required when reinstating.

DATE

9. Capital Contributions
as Shown on record.

\$600,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

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CITY-ST-ZIP

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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 Silverman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/28/01

Date

(561)-967-1442

Daytime Phone #

POA for Edward & Rosetta Zorn

CR2E003 (11/00)