~~APPLICATION FOR~~
~~REINSTATEMENT~~
~~FOR~~
LIMITED PARTNERSHIP
~~Annual Report~~ 1999
DOCUMENT # A98000002287

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAY 24 AM 9:46

(1)

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
Zorn Partners, Ltd.

2. Mailing Address
4242 D'ESTE COURT
Suite, Apt. #, etc.
APT. 207
City & State
LAKE WORTH, FL
Zip 33467 Country USA

3. Principal Office Address
5257 Fountains Dr South
Suite, Apt. #, etc.
Apt 304
City & State
Lake Worth, Fl
Zip 33467 Country USA

4. Date Formed or Registered To Do Business in Florida
10/1/98

5. FEI Number
65-0760216
Applied For ☐
Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

7. State or Country of Formation
Florida

8a. Capital Contributions as Shown on Record
700,000.-

8b. Amount of Capital Contributions in **FLORIDA** to date
700,000.-

FEES: 1) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
Marilyn Silverman
4242 D'ESTE COURT APT.207
LAKE WORTH, FL 33467

10. If changed, new registered agent/office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL

500002086735--1
-05/26/99--01025--003
****526.25 ****526.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Marilyn J. Silverman DATE 05/21/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	**11a.** Registration Document Number
Zorn, Edward S.	5257 Fountains Dr.	Lake Worth, Fl 33467	
Zorn, Rosetta S.	5257 Fountains Dr.	Lake Worth, Fl 33467	

General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. To release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Partner Signing Form Edward S. Zorn EDWARD S. ZORN DATE April 29 1999
Telephone Number 561-967-1442

CR2E039 (12/98)