ZUUU UNITUKM BUSINESS KEF	ONI (UBK)	_	
DOCUMENT # A98-2287			
ZORN PARTNERS, LTS		FILED	
# H 98 00000 22	287	00 APR 27 PM 8:	36
Principal Place of Business Mailing Address SOST FOUNTHINS DRIVE SOUTH APT. 3-14		SECRETARY OF STA TALLAHASSEE, FLOR	TE IDA
LAME WORTH, FL 33467			+
2. Principal Place of Business 3. Mailing Address MARILY Suite, Apt. #, etc. SOUTH Suite, Apt. #, etc.	SILVERMAN V PARTNERS	DO NOT WRITE IN THIS SPA	5/4
APT. 304 5257 FOU	WTAINS DRIVE		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ORTH FL	4. FEI Number 65-0636298	Applied For Not Applicable
Zip 33467 Country USA 33461	Country /J.S.A	5. Certificate of Status Desired.	3.75 Additional Required
6. Name and Address of Current Registered Agent	Name	7. Name and Address of New Registered Age	nt
	MA	RILYN SCLUERMAN-E	10 ZORN
	5252	P.O. Box Number is Not Acceptable) PDUNTAINS DRIVE SOUTI	4-APT. 304
	CityLAVE	WORTH FL	Zip Code
8. The above named entity submits this statement for the purpose of changing			3570,
SIGNATURE/MARILY IN SILVER MAIL Signature, typed or printed name of Miles page 1 and May apoplo page 1	UN Silverma MIEDOURDE AGELANTE PERUMBA	Mess regristance April 3	23,2000
9. Capital Contributions 10. Amount of C as Shown on record.	apital Contributions to date.	11. MAKE CHECK PAYABLE TO SEE REVERSE SIDE FOR F	
A GENERAL PARTNER THAT IS A BUSINESS		ERED AND ACTIVE WITH THIS OFFICE.	
NOTE: General Partners MAY NOT be changed o 12. GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	<u>r.</u>
DOCUMENT # # 98 00000 2287	STREET ADDRESS		(66/6
NAME EDWARD S. ZORN STREET ADDRESS 5251 FOUNTAIDS DRWG 80. H	£304 any or an		CR2E003 (9/99)
CITY-ST-ZIP 1 LANE WORTH FL 33467	CITY-ST-ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DOCUMENT / THY 14 4 F 08880 2 2811 NAME ROSETTA S. ZORN	STREET ADDRESS		7
DOCUMENT + TEAME WORTH FL 33467 DOCUMENT + THE TOOLOGY THE TEAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CAME AS AGOVE	CITY-ST-ZIP	- 00000324712 -05/10/000109	2 03 37014
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DOCUMENT # NAME	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualifindicated on this report is true and accurate and that my signature shall he	ave the same legal effect as if m	ade 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 Cl	hapter 620, Florida Statutes	PHONES: FL 65	61\-967-144Q
SIGNATURE: Marilen Born &	elverman-	MARILYN ZORN SILVERMAN	015-886-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GE	MERAL PARTNER	Date 4/23/00 Daylin	ne Phane #

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