FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 8:18

2006 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A98000000471

1. Entity Name
SBZZ PALM BEACH, LTD.

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY, SUITE 329 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY, SUITE 329 PALM BEACH, FL 33480

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062006 REIN-LP CR2E100 (11/05)

4. FEI Number: 65-0831964 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ATTERBURY, WILLIAM W III
% ALLEY MAASS ROGERS & LINDSAY, P.A.
321 ROYAL POINCIANA PLAZA
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name: William W. Atterbury III, Esq.
Street Address (P.O. Box Number is Not Acceptable): 340 Royal Poinciana Way
Suite 321
City: Palm Beach FL Zip Code: 33480

8. Pursuant to the provisions of section 620.1910 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE [signature] 4/4/06
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN) DATE

FILE NOW!!! FEE IS $1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	P08000011552	STREET ADDRESS	
NAME	SBZZ PALM BEACH, INC.		
STREET ADDRESS	340 ROYAL POINCIANA WAY, SUITE 329	CITY ST ZIP	
CITY ST ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME			
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REINSTATEMENT 05-06

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

X **SIGNATURE:** Ava Van de Water   Ava Van de Water, Vice President   4-11-06   561-659-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #