

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # A98000001488

1. Entity Name

SB22 OF WINTER PARK, LTD

02 MAY -1 AM 10:54

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

190 MORSE BLVD

Suite, Apt. #, etc.

3. Mailing Address **C/O BROWN HARRIS**

770 LEXINGTON AVE

Suite, Apt. #, etc.

5TH FLOOR

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

WINTER PARK, FL

Zip

32789

Country

USA

City & State

NEW YORK, NY

Zip

10021

Country

USA

4. FEI Number

58-2401424

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

REINERT, PETER ESQ

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

6000 OLD DOWNING SHALHAN

222 WOOD COMSTOCK AVE

City

WINTER PARK

FL

Zip Code

32789

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contributions
as Shown on record.

300,000

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

DOCUMENT #

P 980000053886

NAME

SB22 OF WINTER PARK, INC

STREET ADDRESS

770 LEXINGTON AVE

CITY-ST-ZIP

NEW YORK, NY 10021

STREET ADDRESS

CITY-ST-ZIP

200005556342--1

-05/17/02--01023--001

******\$35.00 ****\$35.00**

DOCUMENT #

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)