


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

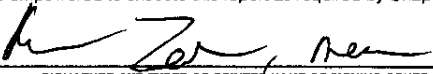
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|---|---------------------------|---|--|---|--|
| DOCUMENT # A98000001488 1. Entity Name SBZZ OF WINTER PARK, LTD. | | | |  | |
| Principal Place of Business 190 MORSE BLVD. WINTER PARK, FL 32789 | | | Mailing Address C/O BROWN HARRIS 770 LEXINGTON AVE., 10TH FLOOR NEW YORK, NY 10021 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent REINERT, PETER E ESQ GODBOLD DOWNING SHEAHAN BATTAGLIA, P.A. 222 WEST COMSTOCK AVENUE, SUITE 101 WINTER PARK, FL 32789 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08/17/04--01077--001 **935.00 </div> City <div style="display: inline-block; border: 1px solid black; padding: 2px;"> FL </div> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$300,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | | | |
| 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 # | P98000053886 | | STREET ADDRESS | | |
| NAME | SBZZ OF WINTER PARK, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 770 LEXINGTON AVENUE | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 700040262697 </div> | | |
| CITY-ST-ZIP | NEW YORK, NY 10021 | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 08/17/04--01077--001 **935.00 </div> | | |
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07062004 Chg-LP CR2E003 (10/03) **84**
 4. FEI Number **58-2401424** Applied For Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

STAPLE CHECK HERE

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:  **7/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #