

2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

DOCUMENT # A98000001488

1. Entity Name
SBZZ OF WINTER PARK, LTD



Principal Place of Business
190 E MORSE BLVD.
WINTER PARK, FL 32789

Mailing Address
C/O BROWN HARRIS
770 LEXINGTON AVE., 4TH FLOOR
NEW YORK, NY 10021



2 Principal Place of Business - No P O Box #

3 Mailing Address

Suite Apt # etc

Suite Apt # etc

01102007 REIN-LP CR2E100 (1/07)

City & State

City & State

4. FEI Number
58-2401424

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAM ATTERBURY
ALLEY MAAS
340 ROYAL POINCIANA SUITE 321
PALM BEACH, FL 33480

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

Zip Code

8 Pursuant to the provisions of section 620 1810 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, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P98000053886
SBZZ OF WINTER PARK, INC
770 LEXINGTON AVENUE
NEW YORK, NY 10021

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

400087732404
02/09/07--01037--022 **2000.00

REINSTATEMENT 06-07

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

SIGNATURE:

Arthur Zeckendorf Managing Member
1/31/2007 Date
212-906-9200 Daytime Phone #