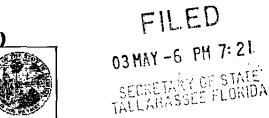
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A98000001488 1. Entity Name SBZZ OF WINTER PARK, LTD.



Mim

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

Mailing Address

C/O FEATHERED NEST 770 LEXINGTON AVE., 10TH FLOOR NEW YORK, NY 10021

		NEW TORREST TOOLS						
2. Principal Place of Business		3. Mailing Address % BROWN HARRIS						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY	1 2003			
City & State		City & State New YORK N.		/	4. FEI Number 58-2401424	and a second	Applied For Not Applicable	
Zip	Country	Zip Coun			5. Certificate of Status Desired			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
REINERT, PETER E ESQ GODBOLD DOWNING SHEAHAN BATTAGLIA, P.A. 222 WEST COMSTOCK AVENUE, SUITE 101 WINTER PARK, FL 32789				Name Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code	
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								
	Signature, typed or printed name of registered agent	and tide if applicable.				DATE		
Capital Contributions as Shown on record. \$300,000.00 10. Amount of Capital Confidence in FLORIDA to date.				ions	19 MAKE CHECK SEE REVERSE	PAYABLE T SIDE FOR	O FL DEPT OF STATE 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 13.					ADDRESS CHAN	IGES ONLY		
DOCUMENT ? NAME	P98000063886 SBZZ OF WINTER PARK, INC.			DORESS			10/02	
STREET ADDRESS CITY-S1-ZIP	770 LEXINGTON AVENUE NEW YORK, NY 10021		city-st-	-21P			CBZE003 (10/02)	
DOCUMENT ? NAME			STREET A	DORESS			CR2	
STREET ADDRESS City-St-Zip			CITY-ST	-21P	8000182	940	98	
DOCUMENT ₽ NAME			STREET A	DORESS	05/06/0301058-	025	**535.00	
STREET ADDRESS City-St-Zip	•		¢πγ-sπ	- 21 P				
DOCUMENT # NAME			STREE1 A	LDDRESS				
STREET ADDRESS City-St-Zip			cny-st-	-ZIP				
DOCUMENT #			STREET A	LDORESS				
STREET ADDRESS City-St-Zip			CITY-ST	- ZiP				
DOCUMENT #			STREET A	LDDRESS				
STREET ADDRESS CITY-ST-ZIP			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 Panner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayline Phone #

ARTHUR ZECKENDORF . VP