


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 AUG -4 AM 10:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000001812 1. Entity Name SBZZ OF ORLANDO, LTD.	
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Principal Place of Business 190 MORSE BLVD. WINTER PARK, FL 32789	Mailing Address C/O BROWN HARRIS 770 LEXINGTON AVE., 5TH FLOOR NEW YORK, NY 10021
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



07062004 Chg-LP CR2E003 (10/03) 84

4. FEI Number 58-2405767	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINERT, PETER E ESQ. C/O GODBOLD, DOWNING, ET AL 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P98000066593	STREET ADDRESS	
NAME	SBZZ OF ORLANDO, INC.	CITY-ST-ZIP	300040262759
STREET ADDRESS	770 LEXINGTON AVE., 4TH FLOOR		08/17/04 01077-002 **558.75
CITY-ST-ZIP	NEW YORK, NY 10021	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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:  7/25/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE