


# 2007 LIMITED PARTNERSHIP REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 FEB -6 AM 9:55

DOCUMENT # A98000001812	
1. Entity Name SBZZ OF ORLANDO, LTD	

Principal Place of Business 190 E. 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 - No P.O. Box #	3. Mailing Address
Suite Apt # etc	Suite Apt # etc
City & State	City & State
Zip	Country



01102007 REIN-LP CR2E100 (1/07)

4. FEI Number  
58-2405767

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  WILLIAM ATTERBURY ALLEY MAAS 340 ROYAL POINCIANA SUITE 321 PALM BEACH, FL 33480
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (REGISTERED AGENT MUST SIGN)

**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	P98000066593 SBZZ OF ORLANDO, INC 770 LEXINGTON AVE., 4TH FLOOR NEW YORK, NY 10021	STREET ADDRESS CITY-ST-ZIP	
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**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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
1/31/2007 Date  
212-906-9200 Daytime phone