

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000098

1. Entity Name

WYNDCREST 1ST VIRTUAL HOLDINGS, LTD.

FILED
 01 MAY -4 PM 12:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**777 SOUTH FLAGLER DRIVE, SUITE 1750
 WEST PALM BEACH FL 33401**

Mailing Address
**777 SOUTH FLAGLER DRIVE, SUITE 1750
 WEST PALM BEACH FL 33401**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
300 Clematis Street
 Suite, Apt. #, etc.
Third Floor
 City & State

3. Mailing Address
300 Clematis Street
 Suite, Apt. #, etc.
Third Floor
 City & State

Zip Country Zip Country

4. FEI Number
65-0944133

Applied For
 Not Applicable

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

TEXTOR, JOHN C
777 SOUTH FLAGLER DRIVE, SUITE 1750
WEST PALM BEACH FL 33401

Name
 Street Address (P.O. Box Number is Not Acceptable)
300 Clematis Street - Third Floor
 City **FL** 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,105,439**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR 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 CHANGES ONLY

DOCUMENT # **P97000017242**
 NAME **TEXTOR VENTURES, INC.**
 STREET ADDRESS **777 SOUTH FLAGLER DRIVE, SUITE 1750**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS **300 Clematis Street - Third Floor**
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **500004341625--9**
 CITY-ST-ZIP **06/05/01-01030--013**
*****2631.25 ****526.25**

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #