

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 PM 4:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **A0000000098**
1. Entity Name **WYNDCREST 1ST VIRTUAL HOLDINGS, LTD.**

DO NOT WRITE IN THIS SPACE

MJM

| | | | | | |
|---|---------|---|---------|---|--|
| 2. Principal Place of Business 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 | | 3. Mailing Address 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 | | DUE BY MAY 1 | |
| City & State 561.496.2123 (fax) 561.496.6244 | | City & State 561.496.2123 (fax) 561.496.6244 | | 4. FEI Number 65-0944133 | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **JEFFREY KUKES**

Street Address **16410 MADDALENA PLACE
DELRAY BEACH, FL 33446**

City **561.496.2123** FL Zip Code **(fax) 561.496.6244**

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 _____ DATE _____

| | | |
|---|---|---|
| 9. Capital Contributions as Shown on Form CD 7,000,000 | 10. Amount of Capital Contributions in FLORIDA to date 3,185,000 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|

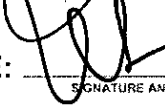
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | |
|---|---|---|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | L01000022443 JK 1ST VIRTUAL I & II, LLC | STREET ADDRESS CITY-ST-ZIP |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 561.496.2123 (fax) 561.496.6244 | STREET ADDRESS CITY-ST-ZIP 000005577410--3 -05/21/02--01061--020 ****526.25 ****526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE |
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STAPLE CHECK HERE

CR2E003B (12/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **JEFFREY KUKES** PRESIDENT OF THE MANAGING MEMBER 4/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: **JEFFREY KUKES, 561-496-2123**
TTK MANAGER, INC.