


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 24, 2005 08:00 AM
Secretary of State

| | | | |
|---|----------------------------|---|--------------------------------------|
| DOCUMENT # A0000000098 | |  | |
| 1. Entity Name WYNDCREST 1ST VIRTUAL HOLDINGS, LTD. | | | |
| Principal Place of Business 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 | | Mailing Address 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| KUKES, JEFFREY C 16410 MADDALENA PLACE DELRAY BEACH, FL 33446 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 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. 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. \$5,000,000.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 # | L01000022443 | STREET ADDRESS | |
| NAME | JK 1ST VIRTUAL I & II, LLC | CITY - ST - ZIP | |
| STREET ADDRESS | 16410 MADDALENA PLACE | | |
| CITY - ST - ZIP | DELRAY BEACH, FL 33446 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| 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: <u>Jeffrey Kukes</u> | | Date: <u>4/15/05</u> | Daytime Phone #: <u>561-496-2123</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date | Daytime Phone # |



04142005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0944133

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

STAPLE CHECK HERE