

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000099

1. Entity Name

WYNDCREST PASSPORT HOLDINGS, LTD.

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

FILED

01 MAY -4 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 Clematis Street

Suite, Apt. #, etc.

Third Floor

3. Mailing Address

300 Clematis Street

Suite, Apt. #, etc.

Third Floor

City & State

City & State

4. FEI Number

65-0958877

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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.

-0-

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

P97000017242
TEXTOR VENTURES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 1750
WEST PALM BEACH FL 33401

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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 #