FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS

Corporations from any liability of nor this annual report is true and accura

Typed or Printed Name of General Partner Signing Form

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SIGNATURE

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

193 JAN -5 AM 9: 17

1. Name of Limited Particurchip A97000000468 WYNDCREST PARTNERS, LTD. A97000000468 Milling Address Principal Office A								
Mailing Address Principal Office Address 777 SOUTH FLAGLER DRIVE. SUITE 1750 WEST PALM BEACH FL 33401 \$3. Date Formed or Registered \$2/24/1997 \$1.000.000.000 \$1.1/21/1997 \$1.1/21/1997 \$1.000.000.000 \$1.1/21/1997 \$1.000.000.000 \$1.1/21/1997 \$1.000.000.000 \$1.1/21/1997 \$1.000.0000.000 \$1.1/21/1997 \$1.000.000.0000 \$1.1/21/1997 \$1.000.0000.0000 \$1.1/21/1997 \$1.000.000	1. Name of Limited Partnership	1a. DOCUME A97000000						
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2. Mailing Address 2a. Principal Office Address FL \$ 250,000 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To Country Zip Country Zip Country Zip Country To Certificate of Status Desired To Country To Certificate of Status Desired To Country To Count	777 SOUTH FLAGLER DRIVE SUITE 1750	777 SOUTH FLAGLER DRIVE., SUITE 1750		-	02/24/1997 3a. Date of Last Report 11/21/1997	\$1,000,000.00		
City & State Country Country Country Country Country R. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent Name KRASKER, PAUL A ESQUIRE 625 N. FLAGLER DR., 9TH FLOOR WEST PALM BEACH FL 33401 Suife, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffee or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND A CTITVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner TEXTOR VENTURES, INC. 777 SOUTH FLAGLER DRIVE Ste. 1750 Steret Address (P.O. Box Number is Not Acceptable) Steret Address of the Department of State of the Information) Suife, Apt. #, etc. City FL Zip Code Step Cardens of the laws of the State of Florida, submits this statement for the purpose of changing its registered agent or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent or registered under the laws of the State of Florida, submits this statement for the purpose of the purpo	2. Mailing Address	2a. Principal Office Address						
T. Certificate of Status Desired \$8.75 Additional Fee Required \$8. Make check payable to: Dept. of State (See reverse side for fee information)								
8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Sulfa, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general pertner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 820.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) or General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration Decument Number TEXTOR VENTURES, INC. 777 SOUTH FLAGLER DRIVE Ste. 1750 DOUGLET SST SOUTH SALE PRODUCT SST SOUTH SALE PRODUCT SST SOUTH SST SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST SOUTH SST	City & State	Ony & State			7. Certificate of Status Desired		\$8.75 Additional	
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Street Address (P.O. Box Number Is Not Acceptable) WEST PALM BEACH FL 33401 Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Address of Each General Partner (b) NOT Use Post Office Box Numbers 11b. City, State & Zip Code 11c. Registration/ Document Number TEXTOR VENTURES, INC. 777 SOUTH FLAGLER DRIVE Ste. 1750 WEST PALM BEACH FL 33401 P97000017242	[
Suite, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TEXTOR VENTURES, INC. 777 SOUTH FLAGLER DRIVE Ste. 1750 Suite, Apt. #, etc. City FL Zip Code The Island Statutes of the Island Statutes or registered under the laws of the State of Florida, submits this statement for the purpose of changing laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I have been accept the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I	625 N. FLAGLER DR., 9TH FLOOR							
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of

119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on

nall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited pa

ership, receiver or trustee