

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED  
PARTNERSHIP  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # A97000000468

**1. Name of Limited Partnership**

Wyndcrest Partners, Ltd.

**2. Principal Office Address**

853 SE Monterey Commons Blvd.

Suite, Apt. #, etc.

**3. Mailing Office Address**

853 SE Monterey Commons Bl

Suite, Apt. #, etc.

**City & State**

Stuart, FL

**City & State**

Stuart, FL

**Zip**

34996

**Country**

USA

**Zip**

34996

**Country**

USA

**8. Name and Address of Current Registered Agent**

**Name**

Robert S. Kramer

**Street Address (P.O. Box Number is Not Acceptable)**

853 SE Monterey Commons Blvd.

**Suite, Apt. #, Etc.**

**City**

Stuart

**State**

FL

**Zip Code**

34996

**9.** 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. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

4/18/05

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

**10. Name(s) of General Partner(s)**

Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

**10a. Registration Document Number**

Textor Ventures, Inc.

853 SE Monterey Commons Blvd.

Stuart, FL 34996

P97000017242

100054214731  
05/10/05--01063--002 \*\*3605.00

100054214731  
05/10/05--01063--003 \*\*500.00

**REINSTATEMENT** 2002-05

**Note:** General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

**11.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

1/7/2005

Typed or Printed Name of General Partner Signing Form

John C. Textor

Telephone Number

(772) 341-6600