DOCUMENT # A97000005 1. Entity Name:	80		. 3		
WYNDCREST SIMS HOLDINGS, LTD.			FILED		
Principal Place of Business 300 Clematis Street Third Floor Mailing Address 300 Clematis S Third Floor Third Floor		treet		OO DEC 26 AM 8: 59	
West Palm Beach, FL 33401	West Palm Beacl	h, FL	33401	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business 300 Clematis Street	3. Mailing Address 300 Clematis Street				
Suite, Apt. #, etc. Third_Floor City & State	Suite, Apt. #, etc. Third Floor City & State			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For	
West Palm Beach, Florida West Palm Beach		h, F1	orida	656243198 Not Applicable	
Zip Country 33401 USA	Zip 33401	Country		5. Certificate of Status Desired \$8.75 Additional	
6. Name and Address of Current		1	ODA	Fee Required 7. Name and Address of New Registered Agent	
Textor, John C.			Name Text	or, John-C.	
· · · · · · · · · · · · · · · · · · ·		F		treet-Address (P.O. Box Number is Not Acceptable)	
2176 Regents Boulevard	2176 Regents Boulevard West Palm Beach, Florida 33409		.300	Clematis Street	
West Palm Beach, Florida 33409			Third Floor		
			City West Palm Beach FL Zip.Code 33401		
8. The above ramed entill submits this statement to	f the purpose of changing its re	egistered	office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE Signature yped or printed name of registered agent.			Textor Agent signature require	ed when reinstating)	
9. Capital Contributions as Shown on record. 425,000.00	10. Amount of Capital in FLORIDA to dat			The sums that the property of	
				ITERED AND ACTIVE WITH THIS OFFICE	
12. GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY	
	Wyndcrest Sims Advisors, Ltd. 777 S. Flagler Drive, Suite 1750		ADDRESS 30	O Clematis Street, Third Floor	
			T-ZIP	st Palm Beach, Florida 33401	
DOCUMENT # NAME		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-S	T-ZIP		
DOCUMENT # NAME		STREET	ADDRESS	2000035292026	
STREET ADDRESS CITY-ST-ZIP		CITY-S	T-ZIP	****526.25 ****526.25	
DOCUMENT # NAME		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-S	T-ZIP		
DOCUMENT # NAME		STREET	ADDRESS		
STREET ADDRESS CITY-ST- PP		CITY-S	T-ZIP		
DOCUMENT # NAME		STREET	ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-S1	T-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 his report as required by Chapter 620, Florida Statutes SIGNATURE: 1					