

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001236

1. Entity Name

WYNDCREST SIMS HOLDINGS II, LTD.

Principal Place of Business

Mailing Address

2. Principal Place of Business

300 Clematis Street

Suite, Apt. #, etc.

Third Floor

City & State

West Palm Beach, FL

Zip

33401

Country

USA

3. Mailing Address

300 Clematis Street

Suite, Apt. #, etc.

Third Floor

City & State

West Palm Beach, FL

Zip

33401

Country

USA

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

John C. Textor

300 Clematis Street - Third Floor

West Palm Beach, FL 33401

7. Name and Address of New Registered Agent

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.

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.

1,780,000

10. Amount of Capital Contributions

in FLORIDA to date.

1,680,908

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

DOCUMENT #

A97000000579

NAME

Wyndcrest Sims Advisors, Ltd.

STREET ADDRESS

300 Clematis Street - Third Floor

CITY-ST-ZIP

West Palm Beach, FL 33401

DOCUMENT #

NAME

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NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE