

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000012789

**FILED**  
**Jul 20, 2004**  
**Secretary of State**

**Entity Name:** WYNDCREST HOLDINGS, LLC

**Current Principal Place of Business:**

2401 PGA BLVD., SUITE 110  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

P.O. BOX 1955  
HOBE SOUND, FL 33475

**Current Mailing Address:**

2401 PGA BLVD., SUITE 110  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

P.O. BOX 1955  
HOBE SOUND, FL 33475

**FEI Number:** 65-1125244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, BENJAMIN P ESQUIRE  
2401 PGA BLVD., SUITE 110  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

BROWN, BENJAMIN P ESQUIRE  
625 NORTH FLAGLER DRIVE  
SUITE 401  
WEST PALM BEACH, FL 33401 US

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:

07/20/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: TEXTOR VENTURES, INC, .  
Address: 2401 PGA BLVD., SUITE 110  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: TEXTOR VENTURES, INC, .  
Address: P.O. BOX 1955  
City-St-Zip: HOBE SOUND, FL 33475

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN TEXTOR

MR.

07/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date