FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 23, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P92000007658 1. Entity Name					02-23-2004 90043 010 ***150.00	
Wintervilla Genpar I, Inc.						
DO NOT WRITE IN THIS SPACE						54009892
2. Principal Place of Business 5811 Beltline Road		3. Mailing Address 5811 Beltline Road				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS	S SPACE
City & State		City & State			4. FEI Number Applied For	
Dallas, TX	1 	Dallas, TX	_ ,		59-3153927	Not Applicable
Zip 75240_	Country USA	Zip 75240	USA	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		1102-10	_ UU-r		ne and Address of Current Regist	
DO NOT WRITE IN THIS SPACE				Name The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
				Suite 105		
				City Tallahassee	FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered good, as both in the						
State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE						
January 1	 May 1 Fee is \$150. 	registered agent and title if a	applicable	e. (NOTE: Registe	ered Agent signature required when reinstating	g) DATE
After May 1, Fee is \$550,00 Amended UBR is \$61,25 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. TITLE "	OFFICERS AN	ND DIRECTORS	11.	TLE		
NAME STREET ADDRESS CITY-ST-ZIP	Soudack, Sigmond 4800 Dufferin St., Sto Downsview, On	e 201	NA ST	TLE AME FREET ADDRESS TY-ST-ZIP	i l	
STREET ADDRESS CITY-ST-ZIP	O Lee, Jack 5140 Yonge Street, # Willowdale, On	¥1525	TIT NA ST	TLE AME REET ADDRESS TY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	TLE AME TREET ADDRESS TY-ST-ZIP	DO NOT W	RITE
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2. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.						
SIGNATURE: V SIGNAT	TURE AND TYPED OR	LARRY KRU			FEB 12, ZOOY 973	1-788-0999 time Phone #