

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A14058

1. Entity Name
SAIL COVE INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 26 PM 1:29

Principal Place of Business
18701 N.E. THIRD CT
NORTH MIAMI BEACH FL 33179

Mailing Address
18701 N.E. THIRD CT
NORTH MIAMI BEACH FL 33179-1400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 94-2872769	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUTTO, BENJAMIN F. 1003 S.E. 17TH STREET, SUITE 200 FT. LAUDERDALE FL 33316				Name HUTTO BENJAMIN F Street Address (P.O. Box Number is Not Acceptable) 4325 Rock Island Road Lauderhill City Lauderhill FL Zip Code 33319			

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]* DATE 3/1/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,425,600.00**

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	092346888132 GP00000000704	STREET ADDRESS	
NAME	STERLING FINANCIAL	CITY - ST - ZIP	
STREET ADDRESS	1017 E. STREET #D	STREET ADDRESS	
CITY - ST - ZIP	SAURAFEL CA 94901	CITY - ST - ZIP	7000003313897-8
DOCUMENT #		CITY - ST - ZIP	-07/05/00--01113--013
NAME		STREET ADDRESS	****526.25 ****526.25
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	

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 670, Florida Statutes

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Donald Kambly Date 1/14/00 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR21:003 (9/99)