

2002 UNIFORM BUSINESS REPORT (UBR)

0006115 AT

DOCUMENT # **A95000000999**

1. Entity Name

SAIL COVE APARTMENTS, LTD.

FILED

02 MAR -6 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH



Principal Place of Business

Mailing Address

**1301 RIVERPLACE BLVD., SUITE 1830
JACKSONVILLE FL 32209-9047**

**1301 RIVERPLACE BLVD., SUITE 1830
JACKSONVILLE FL 32209-9047**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-3323480

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACQUOT, J W
1301 RIVERPLACE BLVD., SUITE 1830
JACKSONVILLE FL 32209-9047**

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 any

DATE

9. Capital Contributions
as Shown on records

\$5,300,000.00

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 # **H08353**
NAME **THE DEVELOPMENT GROUP, INC.**
STREET ADDRESS **1301 RIVERPLACE BLVD., SUITE 1830**
CITY-ST-ZIP **JACKSONVILLE FL 32209-9047**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F95000004766**
NAME **JACKSONVILLE APARTMENTS CORP.**
STREET ADDRESS **ONE CHASE MANHATTAN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10005**

STREET ADDRESS

CITY-ST-ZIP

200005051282--9

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

03/07/02--01002--004

******605.00 ****526.25**

535.00

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/8/02 (904) 399-1500

CR2E003 (9/01)

STAPLE CHECK HERE