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(City/State/Zip/Phone #)

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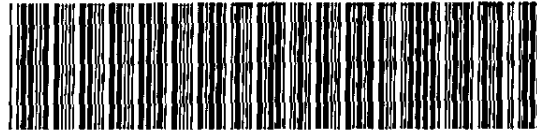
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sail Cove Community, Ltd., a Florida limited partnership  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeri Poller  
(Name of Person)

Jeri Poller PA  
(Firm/Company)

6013 NW 23<sup>rd</sup> Avenue  
(Address)

Boca Raton, FL 33496  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeri Poller at (561) 998-3735  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of:

**SAIL COVE COMMUNITY, LTD.**

Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112, Florida Statutes.

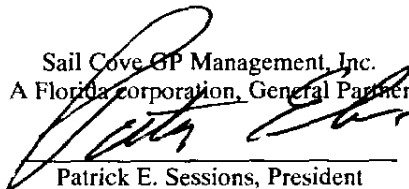
The total amount of the capital contributions of the limited partners is: \$ 3,700,000.00

This 21st day of June, 2005

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief*

Sail Cove GP Management, Inc.  
A Florida corporation, General Partner

  
Patrick E. Sessions, President

**Fees:**

\$7 per \$1000, based on additional  
contributions

Minimum \$ 52.50

Maximum \$1750.00

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

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