

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000999

Entity Name: SAIL COVE COMMUNITY, LTD.

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

10000 GATE PARKWAY NORTH #1012  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

10000 GATE PARKWAY NORTH #926  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

C/O KENNETH STRAUSS  
515 E. LAS OLAS BLVD. 15TH FLOOR  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 59-3323480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

POLLER, JERI  
6103 NW 23RD AVENUE  
BOCA RATON, FL 33496      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P05000086279  
Name: SAIL COVE GP MANAGEMENT, INC.  
Address: 515 E. LAS OLAS BLVD. 15TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: KENNETH STRAUSS

D

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date