

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

03 MAR 10 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0006302 AT

DOCUMENT # A95000000999

1. Entity Name  
SAIL COVE APARTMENTS, LTD.



Principal Place of Business  
1301 RIVERPLACE BLVD., SUITE 1830  
JACKSONVILLE FL 32209-9047

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-3323480

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$5,300,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/03

Date

(904) 399-1500

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE