

04-22-2002 90235 032 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L010Q0006648
 1. Entity Name
SAILCOVE MANAGEMENT, LLC

Principal Place of Business 9400 S. DADELAND BLVD., STE. 100 MIAMI FL 33156	Mailing Address 9400 S. DADELAND BLVD., STE. 100 MIAMI FL 33156
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89700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-1103919** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, ROBERT E
2200 MUSEUM TOWER, 150 WEST FLAGLER ST.
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

8. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
Chairman	Louis Wolfson III	9400 S. Dadeland Blvd #100	Miami, FL 33156	<input type="checkbox"/>
President	Michael D. Wohl	9400 S. Dadeland Blvd #100	Miami, FL 33156	<input type="checkbox"/>
Vice President	David O. Deuten	9400 S. Dadeland Blvd #100	Miami, FL 33156	<input type="checkbox"/>
Vice President	Mitchell H. Friedman	9400 S. Dadeland Blvd #100	Miami, FL 33156	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: David Deuten Date: 4/11/02 Daytime Phone #: (305) 854-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)