2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

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

DOCUMENT # L01000006648

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

89700

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
Chairman Louis Wolfson III 9400 S. Dadeland Blvd #100 Miami, FL 33156	
President Michael D. Wohl 9400 S. Dadeland Blvd #100 Miami, FL 33156	
Vice President David O. Deutch 9400 S. Dadeland Blvd #100 Miami, FL 33156	
Vice President Mitchell H. Friedman 9400 S. Dadeland Blvd #100 Miami, FL 33156	

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE David Deutch 4/11/02 Date (305) 534-7100 Daytime Phone #