

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 012 ****55.00

DOCUMENT # L03000052778			
1. Entity Name SAILBOAT COVE VENTURES, LLC			
Principal Place of Business 11234 SW 64 LANE MIAMI, FL 33173 US		Mailing Address 11234 SW 64 LANE MIAMI, FL 33173 US	
2. Principal Place of Business - No P.O. Box # 8260 NW 27 Street		3. Mailing Address 8260 NW 27 Street	
Suite, Apt. #, etc. Suite 408		Suite, Apt. #, etc. Suite 408	
City & State DORAL, Florida		City & State DORAL, Florida	
Zip 33122-1903		Zip 33122-1903	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent CASTELLANOS, REINALDO ESQ. 11234 SW 64 LANE MIAMI, FL 33173		7. Name and Address of New Registered Agent Name: Jose Perez-de-Corcho Street Address (P.O. Box Number is Not Acceptable): 8260 NW 27 Street, Suite 408 City: DORAL FL Zip Code: 33122-1903	
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:		DATE: 4 June 2007	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISCO VENTURES, LLC 11234 SW 64 LANE MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTEX CONSTRUCTION, INC. 8000 NW 31 STREET, SUITE 17 DORAL, FL 33122	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8260 NW 27 Street, Suite 408 DORAL, FL 33122-1903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:		DATE: 4 June 2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 305 599-1295	