
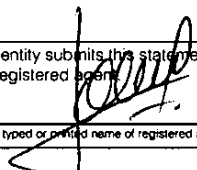
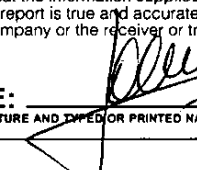


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 21 AM 11:39

DOCUMENT # L03000052778			
1. Entity Name SAILBOAT COVE VENTURES, LLC			
Principal Place of Business 8260 N.W. 27TH STREET SUITE 408 MIAMI, FL 33122 US		Mailing Address 8260 N.W. 27TH STREET SUITE 408 MIAMI, FL 33122 US	
2. Principal Place of Business - No P.O. Box # 14329 NW 17 PATH		3. Mailing Address Box 668618	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OPA LOCKA FL		City & State MIAMI FL	
Zip 33054	Country USA	Zip 33146	Country USA
6. Name and Address of Current Registered Agent PEREZ DE GORCHO, JOSE 8260 N.W. 27TH STREET SUITE 408 MIAMI, FL 33122		4. FEI Number 75-3140062 Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name MARCELO C. ALI Street Address (P.O. Box Number is Not Acceptable) 14329 NW 17 PATH City OPA LOCKA FL Zip Code 33054		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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  MARCELO C. ALI MANAGING MEMBER SEP 07/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000136981210 10/16/08--01037--006 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTEX CONSTRUCTION, INC 8260 N.W. 27TH STREET SUITE 408 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 14329 NW 17 PATH OPA LOCKA FL 33054
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:  MARCELO C. ALI MANAGING MEMBER		Date SEP 7/08 305 685 0556	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

REINSTATEMENT 2008