

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086279

FILED
Apr 25, 2006
Secretary of State

Entity Name: SAIL COVE GP MANAGEMENT, INC.

Current Principal Place of Business:

4720 SALISBURY ROAD, SUITE 239
JACKSONVILLE, FL 32256

New Principal Place of Business:

C/O KENNETH STRAUSS
515 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

Current Mailing Address:

4720 SALISBURY ROAD, SUITE 239
JACKSONVILLE, FL 32256

New Mailing Address:

C/O KENNETH STRAUSS
515 E. LAS OLAS BLVD.
FORT LAUDERDALE, FL 33301

FEI Number: 20-3035739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLER, JERI
6013 NW 23RD AVENUE
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SESSIONS, PATRICK E
Address: 1754 S. BAYSHORE LANE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: STRAUSS, KENNETH J
Address: 515 E. LAS OLAS BLVD. 15TH FLOOR
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DVST () Delete
Name: SESSIONS, JASON R
Address: 4720 SALISBURY ROAD, SUITE 239
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: BLONSHINE, CHRISTIAN
Address: 4720 SALISBURY ROAD, SUITE 239
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVST (X) Change () Addition
Name: SESSIONS, JASON R
Address: 10000 GATE PARKWAY NORTH #1012
City-St-Zip: JACKSONVILLE, FL 32246

Title: S (X) Change () Addition
Name: BLONSHINE, CHRISTIAN
Address: 10000 GATE PARKWAY NORHT #1012
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J STRAUSS

D

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date