## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9400000598  1. Entity Name RAHN BAHIA MAR, LTD.									FILED SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Place of Business  450 E. LAS OLAS BLVD.  FORT LAUDERDALE FL 33301  Mailing Address  450 E. LAS OLAS BLVD.  FORT LAUDERDALE FL 33301  FORT LAUDERDALE FL 33301							2		00 MAY -2 PM 1:33				
2. Principal Place of Business : 801 Seabreeze Blvd. Suite, Apt. #, etc.					3. Mailing Address P. O. Box 5025 Suite, Apt. #, etc. Corporate Office				DO NOT WRITE IN THIS SPACE				
Ft. Laud <sup>Zip</sup>	, , , , , , , , , , , , , , , , , , ,				City & State  Boca Raton, FL 33  Zip Coun				4. FEI Number 65-0485440 Applied For Not Applicable  5. Certificate of Status Desired Sa.75 Additional Fee Required				
33316 6. Name and Address of Current F					33431 Registered Agent			7. Name and Address of New Registered Agent					
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI FL 33131							Street Ad	Address (P.O. Box Number is Not Acceptable)  FL Zip Code					
8. The above	named entity	submits	this statement fo	or the pu	rpose of changing its	s register	ed office or	registere	ed agent, or both,	in the State of Flori	da.	)	
SIGNATURE .	Signature, typed o	or printed n	ame of registered agent	and title if a	applicable. (NO	TE: Registere	d Agent signatu	ire required t	when reinstating) .		DATE		
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date. 10. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.													
12.	NOTE:	Gener	al Partners MA	TON Y	be changed on t	he form	; an ame	ndment	must be filed	to change a gen	eral partn	er.	
DOCUMENT# NAME STREET ADDRESS	A94000000749 RAHN BAHIA MAR, G.P., LTD.						ET ADORESS	501 E. Camino Real					
CITY-ST-ZIP DOCUMENT #	FORT LAU	DERDA	LE FL 33301			CITY	-ST+ZIP	Boca	Raton, F	L 33432			
NAME STREET ADDRESS CITY-ST-ZIP							EET ADORESS						
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes  SIGNATURE:  SIGNATURE:  SIGNATURE:  SIGNATURE:													
		SIGN	URE AND TYPED OF	PRINTED	NAME OF SIGNING GENER	IAL PARTNE	* UP	Trea	ourer.	Date	Dayt	me Phone #	

Ruhn Bahia, Ic.