

\$150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

05 JUL 26 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07122005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000003437</b>					
1. Entity Name RAIT ANTIGUA BAY MANAGER, INC.					
Principal Place of Business 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103			Mailing Address 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  MUNROE, W. BRADLEY ESQ 239 E VIRGINIA STREET TALLAHASSEE, FL 32301			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAEFFER, SCOTT F 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103 <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	V DISTEFANO, ELLEN J 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700058892857 03/23/05--01043--024 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COHEN, BETSY Z 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103 <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	DT TRATMAN, HOWARD P 1818 MARKET ST 28TH FL PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treatman, Howard P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1831 Chestnut Street, Suite 702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURRY, JOHN J 1818 MARKET ST 28TH FL PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curry, John J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1831 Chestnut Street, Suite 702		
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		
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		Date: 7/20/05		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					