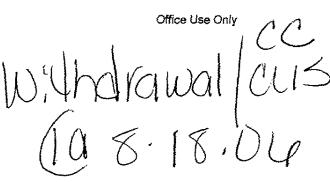
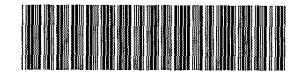
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SELVALÁSSEF FLORIDA

# **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: RAIT ANTIGUA BAY MANAGER, INC.								
(Name of Corporation)								
DOCUMENT NUMBER: FOL DO 1437								
The enclosed withdrawal application and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
HOWARD P. TREATMAN (Name of Person)								
(Name of Person)								
HARVEST EQUITIES, INC.								
(Fim/Company)								
1831 Chestnut St. Ste. 702								
1831 Chestnut St. Ste. To2 Philadelphia (Address) PA 19103								
(City/State and Zip code)								
For further information concerning this matter, please call:								
HOWARD P. TREATMAN at (215) 568-8012								
(Name of Person) (Area Code & Daytime Telephone Number)								

# MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	RAIT	ANTIGUA	BAY	MANA	GER,	INC.	_	
	RAIT ANTIGUA BAY MANAGER, INC. (Name of Corporation)							
		FORO	O MO	·		Ŕ	OS NO. O PARTICIPATION	
		(Documen	R MANAGE OF CO	siporation (ii	Kilowii)		36	
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		(1	ncorporated Ur	ider Laws of)			The state of the s	
voluntari	ly surrenders in some solution of the surrenders in the surrenders	longer transacting but its authority to transact kes the authority of int of State as its agent to transact business or	et business or its registered t for service o	conduct affi agent in Fl f process ba	airs in Flori orida to ac sed on a ca	ida. ecept service	on its behalf and	
The follo	wing is a curr 2/0 1831 Thilk	ent mailing address for HARVEST Chestno HOClphia	or the corpora	tion: UITI  A  ddress)	ES, 7 1910	ENC. e. 102	<u> </u>	
	•	/ -	,					
,			(City/State	·/Zip)	<del></del>	<del></del>		
-	ignature of a direceceiver or other co	to notify the Departm  to, president or other office our appointed fiduciary, by the control of	nent of State i	n the future		nge in its ma  8-2-2  (Date)		
_	(Typed or p	rinted name of person signing	g)	· •		Title of person s	igning)	

**FILING FEE \$35**