

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003642

FILED
Mar 20, 2009
Secretary of State

Entity Name: RAIT SABEL KEY MANAGER, INC.

Current Principal Place of Business:

2929 ARCH ST
17TH FL
PHILADELPHIA, PA 19104

New Principal Place of Business:

Current Mailing Address:

1525 LOCUST ST SUITE 1301
PHILADELPHIA, PA 19102

New Mailing Address:

C/O PCMG
PO BOX 60195
FORT MYERS, FL 33906

FEI Number: 52-2365840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNROE, W. BRADLEY ESQ.
239 E. VIRGINIA ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

WAYLAND, TERRY
PROPERTY COUNSELORS MANAGEMENT GROUP
12631 WESTLINKS DRIVE, #7
FORT MYERS, FL 33913 US

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: TERRY WAYLAND

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COHEN, BETSY Z
Address: 2929 ARCH ST 17TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19104

Title: DP () Delete
Name: SCHAEFFER, SCOTT
Address: 2929 ARCH ST 17TH FLOOR
City-St-Zip: PHILADELPHIA, PA 19104

Title: DT () Delete
Name: TREATMAN, HOWARD P
Address: 1525 LOCUST ST STE 1301
City-St-Zip: PHILADELPHIA, PA 19102

Title: V () Delete
Name: CURRY, JOHN J
Address: 1525 LOCUST ST STE 1301
City-St-Zip: PHILADELPHIA, PA 19102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLYANN HOLBROOK

ASST

03/20/2009

Electronic Signature of Signing Officer or Director

Date