

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

05 JUL 26 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003643

1. Entity Name

RAIT MONTEGO BAY MANAGER, INC.



Principal Place of Business

1818 MARKET ST., 28TH FLOOR  
PHILADELPHIA, PA 19103

Mailing Address

1818 MARKET ST., 28TH FLOOR  
PHILADELPHIA, PA 19103



07122005

No Chg-P

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0473691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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

TITLE	C
NAME	COHEN, BETSY Z
STREET ADDRESS	1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	DP
NAME	SCHAEFFER, SCOTT F
STREET ADDRESS	1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	V
NAME	DISTEFANO, ELLEN J
STREET ADDRESS	1818 MARKET ST., 28TH FLOOR
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	DT
NAME	TREATMAN, HOWARD P
STREET ADDRESS	1831 CHESTNUT STREET, STE 702
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	V
NAME	CURRY, JOHN J
STREET ADDRESS	1831 CHESTNUT STREET, STE 702
CITY-ST-ZIP	PHILADELPHIA, PA 19103
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #