

150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JUL 26 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




07122005 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0473691 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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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: Ellen Distefano 7/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #