2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F02000005044

1. Entity Name

RAIT BAYSIDE MANAGER, INC.

Principal Place of Business

Mailing Address

1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



07122005

No Chg-P

CR2E034 (10/03)

4. FEI Number 54-2076530

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PR

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

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	named entity submits this statement for the puions of registered agent.	urpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	I Agent signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fina Trust Fund Contribution.		cing	\$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 DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C COHEN, BETSY Z 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103	1	400058892884 08/23/0501043024 **800.00 DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAEFFER, SCOTT F 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103	3			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DISTEFANO, ELLEN J 1818 MARKET STREET, 28TH FLOOR PHILADELPHIA, PA 19103				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TREATMAN, HOWARD P 1831 CHESTNUT STREET, STE 702 PHILADELPHIA, PA 19103		IN THIS SPACE		
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					
12. I hereby of indicated of the corchanged.	certify that the information supplied with this till on this report or supplemental report is true in poration or the receive of rustee empowered or on an attachment with an address, with fall	ng does not qualify for the exer nd accurate and that my signat to execute this report as require other like empowered.	nption state ure shall ha ed by Chap	nd in Section 119.07(3) ve the same legal effe oter 607, Florida Statut	(ii), Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if