2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000680

1. Entity Name
RT-BL ASSOCIATES, L.C.

Principal Place of Business	Mailing Address
401 KEYSER AVENUE	401 KEYSER AVENUE
NATCHITOCHES, LA 71457	NATCHITOCHES, LA 71457

04212004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
13-4030922	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DESERT HOTEL CORP.
STREET ADDRESS	ONE EXECUTIVE BOULEVARD
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	MGRM
NAME	ROSE, ALLAN V
STREET ADDRESS	ONE EXECUTIVE BOULEVARD
CITY-ST-ZIP	YONKERS, NY 10701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____   4-28-04   914-965-3990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #