


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90017 015 ****55.00

DOCUMENT # L98000000680 1. Entity Name RT-BL ASSOCIATES, L.C.	
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Principal Place of Business 401 KEYSER AVENUE NATCHITOCHES, LA 71457	Mailing Address 401 KEYSER AVENUE NATCHITOCHES, LA 71457
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DO NOT WRITE IN THIS SPACE



07122005No Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4030922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by September 7, 2005

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

DO NOT WRITE IN THIS SPACE

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:  **7-12-05** **318-352-8238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #