


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90024 005 ****50.00

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| DOCUMENT # L99000003878 |  |
| 1. Entity Name RAHN BAHIA, LLC | |

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| Principal Place of Business 501 E. CAMINO BLVD., CORPORATE OFFICES BOCA RATON, FL 33432 | Mailing Address P.O. BOX 5025 CORPORATE OFFICE BOCA RATON, FL 33431 |
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|---|---|
| 2. Principal Place of Business 501 E. CAMINO REAL | 3. Mailing Address 501 E. CAMINO REAL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|--------------------------------------|
| City & State BOCA RATON FL | City & State BOCA RATON FL |
| Zip 33432 | Zip 33432 |
| Country USA | Country USA |

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|------------------------------------|--|
| 4. FEI Number 65-1025844 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 28TH FLOOR MIAMI, FL 33131 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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| Filing Fee is \$50.00 Due by May 1, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RAHN BAHIA, INC. 501 E. CAMINO REAL BOCA RATON, FL 33432 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Unay D. Lindecker 4/29/05 561-447-5302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Senior Vice President - Corporate Finance - WHM LLC
as third party management out