

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

\$50.00

DOCUMENT # M02000001751

1. Entity Name  
MONTEGO BAY SOUTHWEST, LLC



FILED

05 JUL 26 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1818 MARKET STREET, 28TH FLOOR  
PHILADELPHIA, PA 19103

Mailing Address  
1818 MARKET STREET, 28TH FLOOR  
PHILADELPHIA, PA 19103



07122005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
03-0472797

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
RAIT SOUTHWEST MANAGER, INC.  
1818 MARKET STREET, 28TH FLOOR  
PHILADELPHIA, PA 19103

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

RAIT Montego Bay Manager, Inc.

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #