


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90118 007 \*\*\*150.00

<b>DOCUMENT # P94000046512</b>					
<b>1. Entity Name</b> RAHN BAHIA MAR MGMT., INC.					
<b>Principal Place of Business</b> 501 E CAMINO REAL CORPORATE OFFICE BOCA RATON, FL 33432 US			<b>Mailing Address</b> PO BOX 5025 CORPORATE OFFICE BOCA RATON, FL 33431 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 501 E. CAMINO REAL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State BOCA RATON FL		<b>4. FEI Number</b> 65-0500488	
Zip		Zip 33432		Country USA	
<b>6. Name and Address of Current Registered Agent</b> AMERICAN INFO SERVICES, INC ONE SE 3RD AVE 28TH FL MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b>	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City FL	
Zip Code				Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		
			<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P	<b>NAME</b> FEDER, DAVID S		<b>TITLE</b> P/D	<b>NAME</b> JONATHAN D. GRAY	
<b>STREET ADDRESS</b> 501 E. CAMINO REAL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 345 PARK AVENUE	<b>CITY-ST-ZIP</b> New York NY 10154	
<b>TITLE</b> V	<b>NAME</b> MOOR, WAYNE		<b>TITLE</b> V	<b>NAME</b> William J. Stein	
<b>STREET ADDRESS</b> 501 E CANMINO REAL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 345 PARK AVENUE	<b>CITY-ST-ZIP</b> New York NY 10154	
<b>TITLE</b> VSD	<b>NAME</b> HANDLEY, RICHARD L		<b>TITLE</b> T/S	<b>NAME</b> DENNIS J. McDONAGH	
<b>STREET ADDRESS</b> 450 E LAS OLAS BLVD. #1500	<b>CITY-ST-ZIP</b> FORT LAUDERDALE, FL 33301		<b>STREET ADDRESS</b> 345 PARK AVENUE	<b>CITY-ST-ZIP</b> New York NY 10154	
<b>TITLE</b> VT	<b>NAME</b> FINOCCHIARO, MARY JO		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 501 E CANMINO REAL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> V	<b>NAME</b> STIRK, ROBERT		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 501 E CAMINO REAL	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33432		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> 	<b>NAME</b> 	
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Unanue</i>			<b>4/29/05</b>		
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			<b>561-447-5302</b>		
<b>Senior Vice President, WHM LLC</b> <b>as third party management agent</b>					