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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000094077 (1)**

1. Corporation Name
RAHN GREEN ISLE LP, INC.

Principal Place of Business	Mailing Address
C/O RAHN PROPERTIES 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301	C/O RAHN PROPERTIES 1512 E. BROWARD BLVD., SUITE 301 FORT LAUDERDALE FL 33301-2190

3. Date Incorporated or Qualified: 12/12/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 450 E. LAS OLAS BLVD.
Suite, Apt. #, etc.
22: SUITE 700
City & State
23: FT. LAUDERDALE, FL
Zip 24: 33301 Country 25:

2a. Mailing Address
26: 450 E. LAS OLAS BLVD.
Suite, Apt. #, etc.
27: SUITE 700
City & State
28: FT. LAUDERDALE, FL
Zip 29: 33301 Country 30:

4. FEI Number: 65-0648475 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

STIRK, ROBERT J
C/O RAHN PROPERTIES
1512 E. BROWARD BLVD., SUITE 301
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: CAROL J. GARDINA
82 Street Address (P.O. Box Number is Not Acceptable): 450 EAST LAS OLAS BLVD.
83: SUITE 700
84 City: FT. LAUDERDALE FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Carol J Gardina — CAROL J. GARDINA, CONTROLLER — 4/17/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ANDERSON, JOHN H		1.2 NAME	
STREET ADDRESS	C/O 1512 E. BROWARD BLVD., SUITE 301		1.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ROBERTS, PETER H		2.2 NAME	
STREET ADDRESS	C/O 1512 E. BROWARD BLVD., SUITE 301		2.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VT	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	STIRK, ROBERT J		3.2 NAME	
STREET ADDRESS	C/O 1512 E. BROWARD BLVD., SUITE 301		3.3 STREET ADDRESS	450 EAST LAS OLAS BLVD., SUITE 700
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	VT	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STIRK, ROBERT J		4.2 NAME	
STREET ADDRESS	C/O 1512 E. BROWARD BLVD., SUITE 301		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert J Stirk ROBERT J. STIRK 4-18-97 954.524.5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #