

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P95000094088 (8)
 1. Corporation Name
RAHN GREEN ISLE GP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 EAST LAS OLAS BLVD. SUITE 700 FT LAUDERDALE FL 33301 US	Mailing Address 450 EAST LAS OLAS BLVD. SUITE 700 FT LAUDERDALE FL 33301 US
--	--

3. Date Incorporated or Qualified 12/12/1995	
4. FEI Number 65-0648480	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country
--	---

9. Name and Address of Current Registered Agent
**GARDINA, CAROL J
 450 EAST LAS OLAS BLVD.
 SUITE 700
 FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	ANDERSON, JOHN H	
STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 700	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	<input type="checkbox"/>
NAME	ROBERTS, PETER H	
STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 700	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/>
NAME	STIRK, ROBERT J	
STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 700	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/>
NAME	DIORIO, NICHOLAS J	
STREET ADDRESS	450 EAST LAS OLAS BLVD, SUITE 700	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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** 4/27/98 954-524-5336

CR2E034 (10/97)