

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1999 8:00 am
Secretary of State

DOCUMENT # P95000094088

1. Corporation Name
RAHN GREEN ISLE GP, INC.



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1050 Lee Wagener Boulevard
Suite, Apt. #, etc.
22 Suite 301
City & State
23 Ft. Lauderdale, FL
Zip
24 33315

2a. Mailing Address
26 1050 Lee Wagener Boulevard
Suite, Apt. #, etc.
27 Suite 301
City & State
28 Ft. Lauderdale, FL
Zip
29 33315

Country
25 USA **30 USA**

3. Date Incorporated or Qualified
12/12/1995

4. FEI Number
65-0648480

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 owes the current year Intangible Personal Property Tax Yes No

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 Lawrence N. Rosen
83 Street Address (P.O. Box Number is Not Acceptable)
2925 Aventura Boulevard
84 Suite 308
Aventura **FL** **85 Zip Code**
33180

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 *Lawrence N. Rosen* **Lawrence N. Rosen** **April 28, 1999**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	David Ross	
13 STREET ADDRESS	6860 Lions Head Lane	
14 CITY-ST-ZIP	Boca Raton, Florida 33496	
21 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Jeffrey M. Levine	
23 STREET ADDRESS	1050 Lee Wagener Boulevard, Suite 301	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33315	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS	600002866596--0	
34 CITY-ST-ZIP	-05/07/99--01030--017	
41 TITLE	***1200.00	<input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, with all other like empowered

SIGNATURE: *David Ross* **David Ross** **April 28, 1999** **(561) 852-7100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (11/98)