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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

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

Country

25 USA

2a. Mailing Address

26 1050 Lee Wagener Boulevard

Suite, Apt. #, etc.

27 Suite 301

City & State

28 Ft. Lauderdale, FL

Zip

29 33315

Country

30 USA

9. Name and Address of Current Registered Agent

GARDINA, CAROL J  
450 EAST LAS OLAS BLVD.  
SUITE 700  
FT LAUDERDALE FL 33301

81 Name

Lawrence N. Rosen

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

2925 Aventura Boulevard

83

Suite 308

84

City

Aventura

FL

85

Zip Code

33180

10. Name and Address of New Registered Agent

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  
NAME ANDERSON, JOHN H  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE VD  
NAME ROBERTS, PETER H  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE VT  
NAME STIRK, ROBERT J  
STREET ADDRESS 450 EAST LAS OLAS BLVD, SUITE 700  
CITY-ST-ZIP FT LAUDERDALE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P ☐ Change ☒ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS 600002866596--0  
34 CITY-ST-ZIP -05/07/99--01030--017  
41 TITLE \*\*\*1200.00 ☒ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Ross

April 28, 1999 (561) 852-7100

Duly

Daytime Phone #

CR2E034 (11/98)