

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000001658

1. Entity Name
RM-TRION WINSTON PARK PHASE II, LLLP



Principal Place of Business
3325 S. UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

Mailing Address
3325 S. UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

FILED
05 APR 29 AM 7:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

04252005 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 S. UNIVERSITY DRIVE
210
DAVIE, FL 33328

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$0.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L04000076043
NAME RM-TRION WINSTON PARK PHASE II GP, LLC
STREET ADDRESS 3325 S. UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP DAVIE, FL 33328

STREET ADDRESS

CITY-ST-ZIP

100054915181
05/20/05--01041--006 **141.25

DOCUMENT #
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STREET ADDRESS

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #