

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

DOCUMENT # A02000001307

1. Entity Name

RM-TRION SAWGRASS LANDING, LLLP



Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

01202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

44-2061595 4/- 2061595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, BARRY

3325 SOUTH UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

DOCUMENT # L02000024774
NAME RM-TRION SAWGRASS LANDING GP, LLC
STREET ADDRESS 3325 SOUTH UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP DAVIE, FL 33328

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100069947001
04/10/06--01050--003 **500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

3-10-06

STAPLE CHECK HERE