


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000001702**  
1. Entity Name  
RM DEERFIELD MALL, 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

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



04252005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent  
ROSS, BARRY  
3325 SOUTH UNIVERSITY DRIVE, SUITE 210  
DAVIE, FL 33328

4. FEI Number: 55-0813192 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$13,150,000.00  
10. Amount of Capital Contributions in FLORIDA to date: 0

**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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P02000133426	RM DEERFIELD MALL GP, INC.	3325 SOUTH UNIVERSITY DRIVE, SUITE 210	DAVIE, FL 33328
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
	000000363920 05/06/05-80019-022 141.25
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #: \_\_\_\_\_