

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000001115**

1. Entity Name  
RM VILLAGE SHOPPES AT ST. LUCIE WEST, LLLP



Principal Place of Business

3325 SOUTH UNIVERSITY DRIVE, STE. 210  
DAVIE, FL 33328

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, STE. 210  
DAVIE, FL 33328



01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

20-0129474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MATZ, WILLIAM D  
3325 SOUTH UNIVERSITY DRIVE, STE. 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, 2008, 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 # L03000028417  
NAME RM-TRION VILLAGE SHOPPES AT ST. LUCIE WEST  
STREET ADDRESS 3325 SOUTH UNIVERSITY DRIVE, STE. 210  
CITY-ST-ZIP DAVIE, FL 33328

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000000967581  
04/08/08-80077-010 500.00

**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 #

STAPLE CHECK HERE