


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

DOCUMENT # A0400000738

1. Entity Name
 RM PINES CITY CENTER PLAZA, 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.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 Chg-LP CR2E003 (11/05)

4. FEI Number ~~20-08-14848~~
APPLIED FOR

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

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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L04000013544	STREET ADDRESS	
NAME	RM PINES CITY CENTER PLAZA GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	3325 SOUTH UNIVERSITY DRIVE, SUITE 210		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	600069924776
NAME		CITY-ST-ZIP	04/10/06--01020--025 **500.00
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ **3-10-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #