

Electronic Filing Menu

Corporate Filing

Public Access Help

, РН04000148753 3

STATEMENT OF QUALIFICATION FOR FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP

The name of the limited partnership as identified in the records of the Florida Depart. M-Trion Oakland Park, Ltd.	ament or State:
ert limited partnership's Florida document number: A04000001186	
tach Certificate of Limited Partnership, Affidavit of Capital Contributions and applic	cable limited
tnership filling fees.	acie illino
The complete name of the entity after filing Statement of Qualification shall be:	
II-Trion Oakland Park, LLLP	
(Misst include LLLP or L.L.P.)	
The street address of its chief executive office: (if different from current recorded address):	
The street address of principal office in Florida: (if different from above)	
	
The limited partnership hereby elects to be a limited liability limited partnership.	<u> </u>
The effective date of this filing shall be:	<u></u>
as of the date this document is filed with the Florida Secretary of State or	-
a date later than the time of filing:	· · · · · · · · · · · · · · · · · · ·
The name and Florida street address of the partnership's agent for service of proces RM-Trion Oakland Park GP, LLC	is: 5 = 8
3325 S. UNIVERSITY DRIVE, SUITE 210	
Davie , Florida 33329	
e execution of this statement as a partner constitutes an affirmation under the penalti t the facts stated herein are true.	es of perjury
med this 19th day of July , 2004 .	
mature of TWO Partners:	
ped or printed names of partners signing above: RM-Trion Oakland Park GP, LLC William Matz Trust	<u>•</u>

Filing Fee: \$25.00 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75