

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

<b>DOCUMENT # A04000001186</b> 1. Entity Name RM-TRION OAKLAND PARK, LLLP				 	
Principal Place of Business 3325 S. UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 US		Mailing Address 3325 S. UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04252005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RM-TRION OAKLAND PARK GP, LLC 3325 S. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000052782		STREET ADDRESS	000054916000	
NAME	RM-TRION OAKLAND PARK GP, LLC		CITY-ST-ZIP	05/20/05 01041 000 **141.25	
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210				
CITY-ST-ZIP	DAVIE, FL 33328				
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 #		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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