

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By-May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 MAR 27 AM 10:45

**DOCUMENT #A04000001186**

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.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01202006 Chg-LP CR2E003 (11/05)

4. FEI Number **20-1395694**  
 APPLIED FOR

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$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 \_\_\_\_\_  
 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 #	L04000052782	STREET ADDRESS	
NAME	RM-TRION OAKLAND PARK GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

**600069947056**  
 04/10/06--01050--004 \*\*500.00

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 #

STAPLE CHECK HERE