

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:40

DOCUMENT # A04000001658	
1. Entity Name RM-TRION WINSTON PARK PHASE II, LLLP	



Principal Place of Business 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US	Mailing Address 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01202006 Chg-LP CR2E003 (11/05)

4. FEI Number 0041493488 APPLIED FOR 30-1774025	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
ROSS REALTY INVESTMENTS, INC. 3325 S. UNIVERSITY DRIVE 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 #	L04000076043	STREET ADDRESS	
NAME	RM-TRION WINSTON PARK PHASE II GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	700069920477
NAME		CITY-ST-ZIP	04/10/06 01018 009 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 #