2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A04000001658

1. Entity Name

RM WINSTON PARK PHASE II, LLLP



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

3325 S. UNIVERSITY DRIVE

210

DAVIE, FL 33328 US

Mailing Address

3325 S. UNIVERSITY DRIVE

210

DAVIE, FL 33328 U



DO NOT WRITE IN THIS SPACE 04232007

04232007 No Chg-LP

CR2E003 (12/06)

FEI Number
 20-1774025

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC. 3325 S. UNIVERSITY DRIVE 210

270

DAVIE, FL 33328

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

1		NOTE: General Partners MAY NOT be changed on the		
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	L04000076043		
	NAME	RM-TRION WINSTON PARK PHASE II GP, LLC		
	STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210		
	CITY-ST-ZIP	DAVIE, FL 33328		
	DOCUMENT #			
	NAME			
	STREET ADDRESS			
-	CITY-ST-ZIP			
	DOCUMENT #			
	NAME			
	STREET ADDRESS			
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	DOCUMENT #			
	NAME			

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DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

/LPR 2 🚆 2007

Daytime Phone #