


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # A04000001658 1. Entity Name RM WINSTON PARK PHASE II, LLLP	
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Principal Place of Business 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US	Mailing Address 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US
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01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1774025	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS, INC.
3325 S. UNIVERSITY DRIVE
210
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, 2008, 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

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	
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STREET ADDRESS	
CITY-ST-ZIP	

L000000967579
04/08/08-80077-009-500.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE