

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

- FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT #A04000001870

1. Entity Name
RM-TRION FEDERAL, 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**



01202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
20-1941825

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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, 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

DOCUMENT # **L04000086345**
NAME **RM-TRION FEDERAL 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
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000462039
03/23/06 80033-024 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-10-06

Date

Daytime Phone #