## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By-May 1, 2008

## DOCUMENT # A0400001870

RM-TRION FEDERAL, LLLP



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

Principal Place of Business

3325 S. UNIVERSITY DRIVE

**DAVIE, FL 33328** 

Mailing Address

3325 S. UNIVERSITY DRIVE

**DAVIE, FL 33328** 



## DO NOT WRITE IN THIS SPACE

01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1941825

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot the obligations of registered agent.</li></ol>	th, in the State of Florida. I am familiar with, and accept
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.

	moral concentrations and the problem god on the		
1	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#		
ļ	NAME		
1	STREET ADDRESS		
-	CITY-ST-ZIP		
	DOCUMENT #		
-	NAME		
ı	STREET ADDRESS		
	CITY-ST-ZIP		
	DOCUMENT #		
١	NAME		
٠l	STREET ADDRESS		
	CITY-ST-ZIP		
מובטיי ובוור	DOCUMENT #		
5	NAME		
:	STREET ADDRESS		
<u>'</u>	CITY-ST-ZIP		
<u>'</u> [	DOCUMENT /		
	NAME		
	STREET ADDRESS		
l	CITY-ST-ZIP		
Г			

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:

STAPLE CHECK HERE