

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG 10 AM 10:34

DOCUMENT # A04000001871

1. Entity Name  
RM AT ST. LUCIE WEST DEVELOPMENT, 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.

07112005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
20-1941899  
Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSS REALTY INVESTMENTS, INC.  
3325 S. UNIVERSITY DRIVE  
210  
DAVIE, FL 33328

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

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

DATE

9. Capital Contributions  
as Shown on record. \$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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 #  
NAME RM AT ST. LUCIE WEST DEVELOPMENT GP, LLC  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE, SUITE 210  
CITY-ST-ZIP DAVIE, FL 33328

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Barry Ross

8-1-05

Date

954/4526000

Daytime Phone #

STAPLE CHECK HERE