

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**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**



01202006 No Chg-LP

CR2ED03 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1941899**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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110000467033  
03/23/06-80033-022 500.00

**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 #

3-10-06

STAPLE CHECK HERE