


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A06000000895</b> 1. Entity Name <b>RM-TRION SHOPPES AT VERO BEACH, LLLP</b>	
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Principal Place of Business <b>3325 S UNIVERSITY DRIVE</b> <b>210</b> <b>DAVIE, FL 33328 US</b>	Mailing Address <b>3325 S UNIVERSITY DRIVE</b> <b>210</b> <b>DAVIE, FL 33328 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
<b>ROSS REALTY INVESTMENTS, INC.</b> <b>3325 S UNIVERSITY DRIVE</b> <b>210</b> <b>DAVIE, FL 33328</b>	

FILED  
 07 JUN 26 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



04252007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-5234096</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	L06000071997	STREET ADDRESS	
NAME	RM-TRION SHOPPES AT VERO BEACH GP, LLC	CITY-ST-ZIP	
STREET ADDRESS	3325 S UNIVERSITY DRIVE SUITE 210		
CITY-ST-ZIP	DAVIE, FL 33328		
DOCUMENT #		STREET ADDRESS	<b>300105874829</b>
NAME		CITY-ST-ZIP	<b>07/10/07--01045--008 **500.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date _____	Daytime Phone # _____
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STAPLE CHECK HERE