


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000001534 1. Entity Name ORITT/TRION WOODMONT, LTD.	
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Principal Place of Business 4901 N. FEDERAL HWY., SUITE 100 FT. LAUDERDALE FL 33308	Mailing Address 4901 N. FEDERAL HWY., SUITE 100 FT. LAUDERDALE FL 33308
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **65-0954163**
Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent ROLLNICK, NEIL S C/O ROLLNICK & LINDEN, P.A. 133 SEVILLA CORAL GABLES FL 33134

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

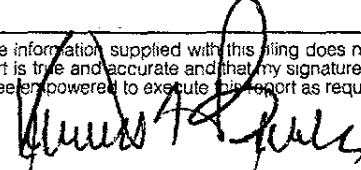
FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P99000083640	STREET ADDRESS	
NAME	TRION WOODMONT, INC.	CITY - ST - ZIP	
STREET ADDRESS	4901 N. FEDERAL HWY., SUITE 100		
CITY - ST - ZIP	FT. LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	000000511305^M
NAME		CITY - ST - ZIP	04/29/06-80046-005 500.00^M
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STREET ADDRESS			
CITY - ST - ZIP			

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

Date _____ Daytime Phone # _____