2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 18, 2007 08:00 All Secretary of State Due By May 1, 2007 **DOCUMENT # A99000001534** 1. Entity Name ORITT/TRION WOODMONT, LTD. Principal Place of Business Mailing Address 4901 N. FEDERAL HWY., SUITE 100 4901 N. FEDERAL HWY., SUITE 100 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 04162007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE **4** FELNumber Applied For 65-0954163 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROLLNICK, NEIL S DO NOT WRITE C/O ROLLNICK & LINDEN, P.A. 133 SEVILLA IN THIS SPACE CORAL GABLES, FL 33134 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, typed or printed name of registered apent and bile if applicable DATE 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 P99000083640 DOCUMENT # NAME TRION WOODMONT, INC. STREET ADDRESS 4901 N. FEDERAL HWY., SUITE 100 CITY-ST-ZIP FT. LAUDERDALE, FL 33308 DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRIT STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-7IP OCCUMENT

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 any 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 improvered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

TED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #