


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024771 1. Entity Name ROSS MATZ INVESTMENTS - RM-TRION MEMBER, LLC	
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Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328	Mailing Address 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE



04132004No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2061592	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, BARRY
3325 SOUTH UNIVERSITY DRIVE, SUITE 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328
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**DO NOT WRITE
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #