
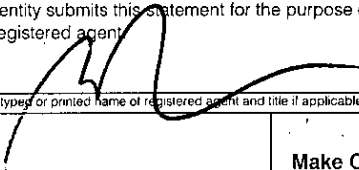
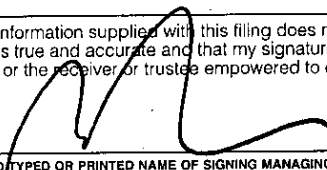


L02000024771 182

DOCUMENT # L02000024771				FILED	
1. Entity Name Ross Matz Investments - RM-Trion Member, LLC		03 OCT 13 PM 1:07			
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3325 S. University Drive Suite, Apt. #, etc. Suite 210 City & State Davie, FL Zip 33328 Country USA		3. Mailing Address 3325 S. University Drive Suite, Apt. #, etc. Suite 210 City & State Davie, FL Zip 33328 Country USA		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 41-2061592		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent			
		Name Barry Ross			
		Street Address (P.O. Box Number is Not Acceptable) 3325 S. University Drive, Suite 210			
		City Davie FL Zip Code 33328			
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 10-7-03			
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR - Barry Ross 3325 S. University Drive, Suite 210 Davie, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR - William D. Matz 3325 S. University Drive, Suite 210 Davie, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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, MANAGER, OR AUTHORIZED REPRESENTATIVE		10-7-03 Date		954-452-5000 Daytime Phone #	

CR2E083B (12/02)



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October 07, 2003

Department of State  
Division of Corporations  
Post Office Box 6478  
Tallahassee, Florida, 32314

Re: Annual Report  
Ross Matz Investments- RM -Trion Member, LLC  
Document #L02000024771

Gentlemen:

Please be advised that we have never received the 2003 Annual Report form that required a fee of \$50.00 on or before May 1<sup>st</sup>.

I have attached a check for fifty dollars for the filing fee since I never received notification.

I thank you.

Very truly yours,

A handwritten signature in black ink, appearing to be "Barry Ross", written over the typed name.

Barry Ross  
Manager