
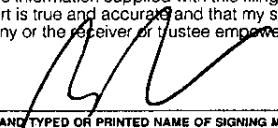


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90064 003 ****50.00

DOCUMENT # L03000028417					
1. Entity Name RM-TRION VILLAGE SHOPPES AT ST. LUCIE WEST GP, LLC					
Principal Place of Business 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			Mailing Address 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 20-0125269					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent MATZ, WILLIAM D 3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			DATE: 4-20-04 DAYTIME PHONE #: 954-452-5770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					