


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000028417</b> 1. Entity Name RM 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
--	--



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0125269	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  MATZ, WILLIAM D 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R. MATZ INVEST. VILL. SHOP.@ST LUCIE W,LLC 3325 S. UNIVERSITY DRIVE, 210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000851310  
03/25/08-80033-020-138.75

**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:** Barry Ross Matz 1-17-08-954-452-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #