

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000028675**

1. Entity Name  
**ROSS MATZ INVESTMENTS VILLAGE SHOPPES AT ST.  
LUCIE WEST, 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**

**DO NOT WRITE IN THIS SPACE**



04262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

**20-0129495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME ROSS, BARRY  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE, 210  
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGR  
NAME MATZ, WILLIAM D  
STREET ADDRESS 3325 S. UNIVERSITY DRIVE, 210  
CITY-ST-ZIP DAVIE, FL 33328

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05/18/07-80121-009 50.00

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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:** \_\_\_\_\_

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

**APR 27 2007**

Date

Daytime Phone #