2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000028675

1. Entity Name

ROSS MATZ INVESTMENTS VILLAGE SHOPPES AT ST. LUCIE WEST, LLC



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

Principal Place of Business

Mailing Address

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328

3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
20-0129495	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

SIGNA	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		DATE	
SIGNAT					
the c	obligations of registered agent.				
8. The	above named entity submits this statement for the purpose of changi	ng its registered office or registered agent, or bot	h, in the State of Florida.	I am familiar with, and acc	:ept

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

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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:

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

1-17-18

959-452-5100

Date

Daytime Phone #