


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000030248 1. Entity Name RM-TRION OAKLAND PARK, LLC	
--	---

Principal Place of Business 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328	Mailing Address 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328
---	---



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
---------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent ROSS REALTY INVESTMENTS, INC. 3325 S. UNIVERSITY DRIVE 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	MGR RM-TRON OAKLAND PARK, LLP 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	

U000000851330
03/25/08-80036-002 138.75

**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 Member 1-17-08-954-52-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #