


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

| | |
|---|---|
| DOCUMENT # L04000052782 1. Entity Name RM-TRION OAKLAND PARK GP, LLC |  |
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| Principal Place of Business 3325 S. UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 US | Mailing Address 3325 S. UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 US |
|--|--|



01112008No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-1395731 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

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| ROSS, BARRY 3325 S. UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 |
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**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 ROSSMATZ INVESTMENTS OAKLAND PARK,LLC 33255 UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LMK OAKLAND PARK ASSOCIATES, LLC. 4901 NORTH FEDERAL HIGHWAY SUITE 100 FORT LAUDERDALE, FL 33308 |
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03/25/08-80033-024 138.75

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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: Barry Ross 1-17-08 - 954-452-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #