2005 LIMITED LIABILITY COMPANA ANNUAL REPORT

FILED Jun 13, 2005 8:00 am Secretary of State 04-29-2005 90057 043 ****50.00

1. Entity Nan	MENT #L0400053	237				04-29-200	5 90057 043	3 ***	**50.00
Principal Place of Business Mailing Address				··	†		0000	20	^ ^
	IVERSITY DRIVE	3325 S. UNIVERSITY DRIVE					3000	93	68
SUITE 210 Davie, FL 3	33328 US	SUITE 210 Davie, Fl. 33328 US							
DAVIE, PL 3	33326 03	DAVIE, FL 33328	US				H DOZDI DATÊ ÎND HODE	4 (C)) (E)	ESTE DE CESE
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	04252005	5 Chg-LLC CR2E083 (10/03)			
City & State		City & State			4. FEI Numbe	Br			plied For ot Applicable
Zip	Country	Zip	Country	5. Certifica				\$5.00 Additional Fee Required	
	6. Name and Address of Current	legistered Agent			7. Name and Address of New Registered Agent				
N				•					
3325 S. U	N OAKLAND PARK GP, LLC NIVERSITY DRIVE		Street Address (F		P.O. Box Numb	er is Not Acceptable	·)		
SUITE 210 DAVIE, FL 33328									·····
		City		FL Zip Code					
8. The above	named entity submits this statement fo	r the purpose of changing it:	s registered office	or register	red agent, or bo	th, in the State of Flo	rida. I am familiar	r with.	and accept
the obliga	tions of registered agent.		-	-	•			•	
SIGNATURE	Signature, typac or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent sig	nature required	s when reinstatings		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGR	Deleta	TITLE	T	•	ADDITIONS	□ Ch	ange	Addition
NAME	RM-TRION OAKLAND PARK, LLLP		NAME						
STREET ADDRESS CITY-ST-ZIP	3325 S. UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328			STREET ADDRESS CITY+SI-ZIP					
	DAVIE, FE 33326		-	+	-				- <u></u>
TITLE		☐ Deleta	TITLE				☐ ¢h	ange	Addition
STREET ADDRESS	}		STREET ADDRESS	s					
CITY-ST-ZIP			CITY-SI-ZIP						
TITLE		☐ Delete	TITLE				Ch	20ge	Addition
NAME STREET ADDRESS			NAME Street adores	.					
OTY-ST-ZIP		,	CITY-ST-ZIP	"					
TITLE		Defets	TITLE				☐ Ch	znge	Addition
NAME			NAME					-	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	S					
TITLE		☐ Delete	TITLE NAME				Cha	ange	Addition
STREET ADDRESS			STREET ADDRESS	s					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				_	
TITLE		☐ Đelete	TITLE				☐ Cha	ange	Addition

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report is trop and adjurate 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 fimited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PROTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #