

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000053237

1. Entity Name
RM-TRION OAKLAND PARK, LLC



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



04232007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

RM-TRION OAKLAND PARK GP, LLC
3325 S. 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	RM-TRION OAKLAND PARK, LLLP
STREET ADDRESS	3325 S. UNIVERSITY DRIVE, SUITE 210
CITY-ST-ZIP	DAVIE, FL 33328

TITLE	
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U00000751816
05/18/07-80118-012 50.00

**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: _____

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

Date

Daytime Phone #

APR 27 2007