

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L04000075294**

**1. Entity Name**  
**ROSS MATZ INVESTMENTS WINSTON PARK PHASE II,  
LLC**



**Principal Place of Business**  
**3325 S. UNIVERSITY DRIVE**  
**210**  
**DAVIE, FL 33328 US**

**Mailing Address**  
**3325 S. UNIVERSITY DRIVE**  
**210**  
**DAVIE, FL 33328 US**



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1773957**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$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** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** ROSS, BARRY  
**STREET ADDRESS** 3325 S UNIVERSITY DRIVE SUITE 210  
**CITY-ST-ZIP** DAVIE, FL 33328

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

**TITLE**  
**NAME**  
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**CITY-ST-ZIP**

U00000751890  
05/18/07-80121-008 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

**APR 27 2007**

Date

Daytime Phone #