2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076507

RM WINSTON PARK PHASE II, LLC



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

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



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	L	Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

	6. Name and Address of Current Registered Agent	. The state of the	Sold from the sold of the first of the			
			DO NOT WRITE IN THIS SPACE			
		Transfer of the Control of the Contr	to of Florida, Loro tomiliar with and const.			
	e named entity submits this statement for the purpose of cha tions of registered agent.	inging its registered office or registered agent, or both, in the Sta	te oi Fonda. Tamtamiliai with, and accept			
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
	NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS		1000851288 VAA AANSS_010 130 75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RM-TRION WINSTON PARK PHASE II LLLP 3325 S. UNIVERSITY DRIVE DAVIE, FL 33328		/08-80033-018 138.75			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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