
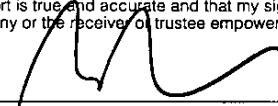


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90066 027 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |                                                              |                                                                                                                                  |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000086345</b><br>1. Entity Name<br>RM-TRION FEDERAL GP, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                              |                                                                                                                                  |  |  |
| Principal Place of Business<br>3325 S. UNIVERSITY DRIVE<br>210<br>DAVIE, FL 33328 US                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                              | Mailing Address<br>3325 S. UNIVERSITY DRIVE<br>210<br>DAVIE, FL 33328 US                                                         |                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                              | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                                                         |                                                                                   |  |
| 07112005 Chg-LLC CR2E083 (10/03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                                                              | 4. FEI Number<br><b>20-1941752</b>                                                                                               |                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |                                                              | Applied For<br>Not Applicable                                                                                                    |                                                                                   |  |
| 6. Name and Address of Current Registered Agent<br>ROSS REALTY INVESTMENTS, INC.<br>3325 S. UNIVERSITY DRIVE<br>210<br>DAVIE, FL 33328                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               |                                                              | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                               |                                                              |                                                                                                                                  |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by September 7, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                  |                                                                                   |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                              | 10. ADDITIONS / CHANGES                                                                                                          |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ross Matz Investments Federal, LLC <input type="checkbox"/> Delete<br>Managing Member<br>3325 S University Drive Suite 210<br>Davie, FL 33328 |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LMK Federal Associates, LLC <input type="checkbox"/> Delete<br>Managing Member<br>3325 S University Drive Suite 210<br>Davie, FL 33328        |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                                               |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                                               |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                                                               |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. |                                                                                                                                               |                                                              |                                                                                                                                  |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                               |                                                              | Barry Ross 8/11/05 9414525000                                                                                                    |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |                                                              | Date Daytime Phone #                                                                                                             |                                                                                   |  |