


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L04000086345 1. Entity Name RM-TRION FEDERAL GP, LLC |  |
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|--|--|
| Principal Place of Business 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US | Mailing Address 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US |
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01112008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-1941752 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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

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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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSS MATZ INVESTMENTS FEDERAL, LLC. 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LMK FEDERAL ASSOCIATES, LLC. 3325 SOUTH UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328 |
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03/25/08-80036-003 138.75

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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: Barry Ross, Myx 1-17-08 - 954-452-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #