2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L0400086349 1. Entity Name RM AT ST. LUCIE WEST DEVELOPMENT, LLC						08-11-2005	90066 0	26 ****50).00	
Principal Place of Business 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US			Mailing Address 3325 S. UNIVERSITY DRIVE 210 DAVIE, FL 33328 US		 	16/11 6/21 61/11 69/11 61				
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07112005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State		4. FEI Numbe	er .		<u> </u>	plied For t Applicable		
Zip	Country		Zip Country		try	5. Certificate	of Status Desired		\$5.00 Add Fee Required	
	6. Name and Addre	ess of Current R	egistered Agent			7. Name and	Address of New F	registered	Agent	
					Name					
ROSS REALTY INVESTMENTS, INC. 3325 S. UNIVERSITY DRIVE 210				Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
DAVIE, FL	. 33328									
					City			FL	Zip Code	9
8. The above the obligat	named entity submits the	nis statement for t	the purpose of changing its	registere	ed office or regis	tered agent, or bot	h, in the State of Fl	orida. I am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name	e of registered agent an	d title if applicable (NOTE	Registere	d Agent signed as toge			DATE		
Filing Fee is \$50.00 Due by September 7, 2005			o mo apparente. (110 fc		n wõeur siõusrinis tedo	ired when reinstating)		DATE		
Fil Due I	ling Fee is \$50.00 by September 7, 2		ins appears. (to)	. Hogista o	a Agent signature requ	wed when reinstating)		ke check į	payable to nent of State	•
Due I	by September 7, 2	2005			a Agent Signature requ	wed when reinstating)	Florid	ke check j a Departn	nent of State	•
Due I	by September 7, 2	2005 AGING MEMBER	S/MANAGERS	10.		wed when reinstating)		ke check j a Departn	nent of State	
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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 of 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-1-05

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