


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000068469 1. Entity Name RM-LM 813 RIO VISTA LLC	
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Principal Place of Business 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328	Mailing Address 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328
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01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5176595	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

ROSS REALTY INVESTMENTS INC 3325 S UNIVERSITY DRIVE 210 DAVIE, FL 33328
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**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

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	MGR ROSS MATZ INVESTMENTS INC. 3325 S UNIVERSITY DRIVE SUITE 210 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LM DEVELOPMENT GROUP INC. 3325 S UNIVERSITY DRIVE SUITE 201 DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/25/08-80037-004 138.75

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 Matz 1-17-08 954-452-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #