

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L06000071997

1. Entity Name
RM-TRION SHOPPES AT VERO BEACH GP, LLC



Principal Place of Business
3325 S UNIVERSITY DRIVE
210
DAVIE, FL 33328 US

Mailing Address
3325 S UNIVERSITY DRIVE
210
DAVIE, FL 33328 US



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5234048

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 MGRM
NAME ROSS MATZ INVESTMENTS SHPPS VERO BEACH LLC
STREET ADDRESS 3325 S UNIVERSITY DRIVE SUITE 210
CITY-ST-ZIP DAVIE, FL 33328

TITLE MGRM
NAME LMK SHOPPES AT VERO BEACH ASSOCIATES, LLC
STREET ADDRESS 4901 N FEDERAL HIGHWAY SUITE 100
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

**DO NOT WRITE
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:

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

Date

Daytime Phone #