
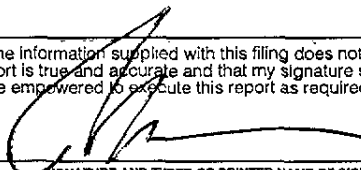


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # A03000000835			
1. Entry Name CSR CHARLOTTE LIMITED PARTNERSHIP			
Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174		Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____		DATE _____	
9. Capital Contributions as Shown on record. \$1,400,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,361,250	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000093902	STREET ADDRESS	
NAME	ROOT REAL ESTATE CORP.	CITY - ST - ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY - ST - ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #	M97000000022	STREET ADDRESS	
NAME	RDT, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY - ST - ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		Philip Maroney, Sr. Vice Pres. 4/13/2005 386.671.4908	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #



01102005 Chg-LP CR2E003 (10/03)

4. FEI Number 51-0468471 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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