


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000000835**

1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-LP CR2E003 (12/06)

4. FEI Number 51-0468471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J  
275 CLYDE MORRIS BLVD.  
ORMOND BEACH, FL 32174

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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	
DOCUMENT #	P00000093902
NAME	ROOT REAL ESTATE CORP.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	M97000000022
NAME	RDT, L.L.C.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000878002  
04/14/08-80036-025 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. 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 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, VP 3/29/2008 3866714908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #