

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 DEC 26 AM 8:23

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000000115**

**ROOT COMMUNICATIONS, LTD.**



Mailing Address  
P.O. BOX 2860  
DAYTONA BEACH FL 32120-2860

Principal Office Address  
525 FENTRESS BOULEVARD  
DAYTONA BEACH FL 32114

3. Date Formed or Registered  
**01/16/1996**

5a. Capital Contributions as Shown on record.  
**\$4,000,000.00**

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:  
**\$962,380.00**

4. State or Country of Formation  
**FL**

2. Mailing Address

2a. Principal Office Address

6. FEI Number  Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

8. Make check payable to Dept. of State (See reverse side for fee information)

Zip Country Zip Country

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**VOGES, WILLIAM J**  
**525 FENTRESS BOULEVARD**  
**DAYTONA BEACH FL 32114**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

**ROOT COMMUNICATIONS, INC.**  
**RDT, L.L.C.**

**525 FENTRESS BOULEVARD**  
**525 FENTRESS BOULEVARD**

**DAYTONA BEACH FL 3211**  
**DAYTONA BEACH FL 3211**

**P95000091758**  
**M94000000022**

**100002048321--9**  
**-01/07/97--01097--020**  
**\*\*\*\*578.25 \*\*\*\*576.25**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*William J. Voges*

DATE

**12/18/96**

Typed or Printed Name of General Partner Signing Form

**William J. Voges, Vice President**  
**Root Communications, Inc., General Partner**

Daytime Telephone Number

**(904) 258-4761**

CRZE003 (6/96)