


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000115

1. Entry Name
ROOT COMMUNICATIONS, LTD.



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
 Suite, Apt #, etc

3. Mailing Address
 Suite, Apt #, etc

01122004 Chg-LP CR2E003 (10/03)

City & State
 Zip Country

4. FEI Number
59-3346052

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**VOGES, WILLIAM J
 275 CLYDE MORRIS BLVD.
 ORMOND BEACH, FL 32174**

7. Name and Address of New Registered Agent

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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record **\$16,751,989.97**

10. Amount of Capital Contributions in FLORIDA to date. **\$16,736,487.-**

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 #	P97000107305
NAME	ROOT MEDIA GP, INC.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY - ST - ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	M94000000022
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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/29/04-80002-016 525.25

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:  **William J. Voges, President 4/7/04 386/671.4908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE