


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000115
 1. Entity 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.

City & State

City & State

Zip Country Zip Country

01102005 Chg-LP CR2E003 (10/03)

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. 0

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.

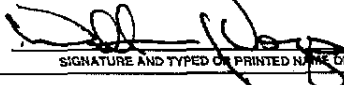
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000107305	STREET ADDRESS	
NAME	ROOT MEDIA GP, INC.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #	M94000000022	STREET ADDRESS	
NAME	RDT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #		STREET ADDRESS	
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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

Root Media GP., Inc.

By: William J. Voges, Pres. 4/25/05 386.671.4908

STAPLE CHECK HERE

SIGNATURE:  By: William J. Voges, Pres. 4/25/05 386.671.4908

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