
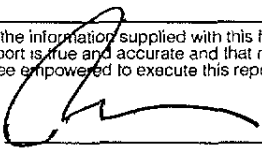


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

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

DOCUMENT # A97000002463			
1. Entity Name ROOT REAL ESTATE III, 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		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 _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$1,579,457.75		10. Amount of Capital Contributions in FLORIDA to date \$1,579,458.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000093902	STREET ADDRESS	000000135776 04/29/04-00002-025-526.25
NAME	ROOT REAL ESTATE CORP	CITY ST ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL 32174	CITY ST ZIP	
DOCUMENT #	M94000000022	STREET ADDRESS	
NAME	RDT, L.L.C.	CITY ST ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.	STREET ADDRESS	
CITY ST ZIP	ORMOND BEACH, FL 32174	CITY ST ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
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CITY ST ZIP		CITY ST ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY ST ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		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, Vice Pres 4/7/04 386.671.4908	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number **59-3479070** Applied For Not Applicable

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

STAPLE CHECK HERE