

# 2001 UNIFORM BUSINESS REPORT (UBR)

001899 AF

**DOCUMENT #** A99000000255  
**1. Entity Name**  
 ROOT REAL ESTATE V, LTD.

**FILED**

01 MAR -1 PM 12: 09

**Principal Place of Business**  
 275 CLYDE MORRIS BLVD.  
 ORMOND BEACH FL 32174

**Mailing Address**  
 275 CLYDE MORRIS BLVD  
 ORMOND BEACH FL 32174

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 59-3557051  
 APPLIED FOR

Applied For	Not Applicable
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**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.**

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record.** \$1,882,000.00

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	F92000000919
NAME	ROOT REAL ESTATE CORP.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH FL 32174
DOCUMENT #	M94000000022
NAME	ROD, L.L.C., 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	
STREET ADDRESS	800003203488--2
CITY-ST-ZIP	-03/06/01--01124--006
	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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**

**SIGNATURE:** William J. Voges, Pres. 2/12/01 904-671-4888  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)