## 2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A9900000255  1. Entity Name							FILED				
ROOT REAL ESTATE V, LTD.							02 MAR 22 AM II: 10				
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				
2. Principal Place of Business 3. Mailing Address					. <del></del>						
Suite, Apt. #, etc. Suite, Apt. #, etc.							DUE BY MAY 1, 2002				
City & State				City & State			4. FEI Number Applied For Not Applicable				
Zip Country			Zip	Zip Coun		try	5. Certificate of Status Desired S8.75 Additional Fee Required		.75 Additional		
	6. Name	and Address of Current	Register	ed Agent			7. Name and	ddress of New Register	ed Age	nt	
						Name				<del></del>	
VOGES, WILLIAM J 275 CLYDE MORRIS BLVD.						Street Address	P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32174											
						City	FL Zip Code				
8. The above	named entity	submits this statement for	r the pur	oose of changing its	registere	ed office or registe	red agent, or both	in the State of Florida.			
		r printed name of registered agent a						DAI	rE	,	
9. Capital Contributions as Shown on record. \$1,882,000.00 10. Amount of Capital in FLORIDA to dat					ate. \$1	,863,180.0					
	A G	ENERAL PARTNER T General Partners MA	HAT IS	A BUSINESS EN	TITY M	UST BE REGIS	TERED AND A	TIVE WITH THIS OF	ICE.		
12.		GENERAL PARTNER			13.	, an amendine	iii must be med	ADDRESS CHANGES		:r.	
DOCUMENT# P0000093902 NAME ROOT REAL ESTATE CORP.						ET ADDRESS		ADDRESS CHANGES	JINLT		
STREET ADDRESS CITY-ST-ZIP	The second interest of the second in the sec			CI		ST-ZIP	•	T-778.			
DOCUMENT # NAME	RDT, L.LC., L.C. et address 275 CLYDE MORRIS BLVD.					ET ADDRESS	40	0000519 -04/05/02- *****526.2		748	
STREET ADDRESS CITY-ST-ZIP						ST-ZIP		****526.2	_ <del></del> 5 *	***526.25	
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STREET ADDRESS CITY-ST-ZIP					CITY-	ST-ZIP					
DOCUMENT # NAME					STREE	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP					<u>.</u>	ST-ZIP					
14. I nereby c indicated	ertify that the i	ntormation supplied with t s true and accurate and ti	this filing hat my s	does not qualify for to	the exem	nption stated in Se legal effect as if m	ction 119.07(3)(i),	Florida Statutes. I further o	ertify th	nat the information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\

STAPLE CHECK HERE