


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

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

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

Zip

Country



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3557651**

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. **\$1,882,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,863,180.00**

**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 # NAME STREET ADDRESS CITY ST ZIP	<b>P0000093902 ROOT REAL ESTATE CORP. 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174</b>	STREET ADDRESS CITY ST ZIP	<b>U00000135772 04/29/04 00002 024 526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY ST ZIP	<b>M9400000022 RDT, L.L.C., L.C. 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174</b>	STREET ADDRESS CITY ST ZIP	
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STAPLE CHECK HERE

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**

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