## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2006

DOCUMENT #A99000000255

1. Entity Name ROOT REAL ISTATE V, LTD.



Mailing Address

Principal Place of Bi siness 275 CLYDE MORRI; BLVD. ORMOND BEACH, FL 32174

275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174

## **FILED** Mar 27, 2006 08:00 AM Secretary of State



02082006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3557651

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Jame and Address of Current Registered Agent

VOGES, WILLIFM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

STAPLE CHECK HERE

STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

| a. The above<br>the obligat | namec entity submits this statement for the purpose of changing its<br>tions of egistered agent. | registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |  |
|-----------------------------|--|--|--|
| SIGNATURE -                 | Signatury hyped or printed name of registered agent and title II applicable.                     | Noted or printed name of registered greet and title II applicable.   |  |
|                             | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$90                               |  |  |
|                             |  | ITITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. he form; an amendment must be filed to change a general partner.   |  |
| 12.                         | GENERAL PARTNER INFORMATION  |  |  |
| DOCUMENT #                  | P000 10093902  | ·]   |  |
| NAME                        | ROOF REAL ESTATE CORP.   | i  |  |
| STREET ADDRESS              | 275 C LYDE MORRIS BLVD.  |  |  |
| CITY-ST-ZIP                 | ORM 3ND BEACH, FL 32174  |  |  |
| DOCUMENT#                   | M940 30000022  | HODDONAGOSAG   |  |
| NAME                        | RDT, LL.C., LC.  | U00000482612<br>04/11/06-80082-006 500.00  |  |
| STREET ADDRESS              | 275 CLYDE MORRIS BLVD.   | 04/11/06-30082-006 500.00  |  |
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| City-St-Zip                 | •  |  |  |
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| NAME                        |  | 3  |  |

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this r. port 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 pertnership or the receiver or t ustee empowered to execute this report as required by Chapter 620, Florida Statutes

Root Real Estate Corp. **SIGNATURE** 

William J. Voges, Pres.

3/30/2016 386-671-4908