


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006037 AT

<b>DOCUMENT # A99000000255</b> 1. Entity Name <b>ROOT REAL ESTATE V, LTD.</b>	
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FILED

03 APR 22 PM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>275 CLYDE MORRIS BLVD. ORMOND BEACH FL 32174</b>	Mailing Address <b>275 CLYDE MORRIS BLVD ORMOND BEACH FL 32174</b>
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2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & State	City & State	4. FEI Number <b>59-3557651</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH FL 32174</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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. <b>\$1,882,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,863,180.00</b>	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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 #	P0000093902	STREET ADDRESS	
NAME	ROOT REAL ESTATE CORP.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		<b>200016686882</b>
CITY-ST-ZIP	ORMOND BEACH FL 32174		04/22/03--01079--020 **526.25
DOCUMENT #	M9400000022	STREET ADDRESS	
NAME	RDT, L.L.C., L.C.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY-ST-ZIP	ORMOND BEACH FL 32174		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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:**  **SIGNATURE REQUIRED** Philip Maroney 4/8/2003 386/671/4908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE