

# 2001 UNIFORM BUSINESS REPORT (UBR)

001691 AF

**DOCUMENT #** A99000001461

1. Entity Name  
**CSR HOLIDAY, LTD.**

**FILED**

*mf*

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

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

01 MAR -1 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3596377  
**APPLIED FOR**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,695,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>F92000000919</b> <b>ROOT REAL ESTATE CORP.</b> <b>275 CLYDE MORRIS BLVD.</b> <b>ORMOND BEACH FL 32174</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>M94000000022</b> <b>RDT, L.L.C.</b> <b>275 CLYDE MORRIS BLVD.</b> <b>ORMOND BEACH FL 32174</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200003803492--0</b>
CITY-ST-ZIP	<b>-03/06/01--01124--008</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (11/00)

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. **SIGNATURE REQUIRED** 2/12/01 (904)671-4888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #