

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # A00000000762

1. Entity Name
CSR PORTFOLIO ONE, LTD.



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

Mailing Address
275 CLYDE MORRIS BLVD
ORMOND BEACH, FL 32174



01032007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3641439

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # P00000093902
NAME ROOT REAL ESTATE CORP.
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

DOCUMENT # M94000000022
NAME RDT, L.L.C.
STREET ADDRESS 275 CLYDE MORRIS BLVD
CITY-ST-ZIP ORMOND BEACH, FL 32174

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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000000698520
04/19/07-80006-001 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

4/1/2007

3866714908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE