

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # A01000000005**

1. Entity Name  
**750 FENTRESS BOULEVARD, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006 Chg-LP CRZE003 (11/05)

4. FEI Number  
**59-3690152**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS  
CITY-ST-ZIP

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

STREET ADDRESS  
CITY-ST-ZIP

**100000481764**  
**04/11/06 80045-016 500.00**

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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:**

**Root Real Estate Corp.**

**William J. Voges, Pres.**

**3/30/2006**

**386-671-4908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE