

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A02000000110

1. Entity Name
CSR PINES, LTD.



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

Mailing Address
**275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174**



02082006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0533118	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**VOGES, WILLIAM J
275 CLYDE MORRIS BOULEVARD
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, 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

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

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

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CITY-ST-ZIP	

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**000000401750
04/11/06-80046-011 500.00**

**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:

**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