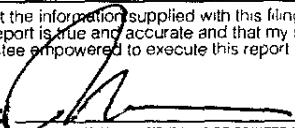


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A02000000869 1. Entity Name CSR OCALA, LTD.					
Principal Place of Business 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174			Mailing Address 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 41-2045392	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent VOGES, WILLIAM J 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$3,500,000.00			10. Amount of Capital Contributions in FLORIDA to date \$3,200,000.00		
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 # P00000093902 NAME ROOT REAL ESTATE CORP. STREET ADDRESS 275 CLYDE MORRIS BOULEVARD CITY ST ZIP ORMOND BEACH, FL 32174			STREET ADDRESS CITY ST ZIP		
DOCUMENT # M94000000022 NAME RDT, L.L.C. STREET ADDRESS 275 CLYDE MORRIS BOULEVARD CITY ST ZIP ORMOND BEACH, FL 32174			STREET ADDRESS CITY ST ZIP		
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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: 			Philip Maroney, Vice Pres 4/7/04 386.671.4908		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



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