2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000869

1. Entity Name
CSR OCALA, LTD.

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

01102005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 41-2045392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VOGES, WILLIAM J 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174	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 _____ 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

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	STREET ADDRESS	
NAME	ROOT REAL ESTATE CORP.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BOULEVARD		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #	M94000000022	STREET ADDRESS	
NAME	RDT, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	275 CLYDE MORRIS BOULEVARD		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	U00000333483 04/27/05-80006-006 525.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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, Sr. Vice Pres. 4/13/2005 386.671.4908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #