

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

**FILED**  
**Mar 27, 2006 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**



02082006 No Chg-LP

CR2ED03 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 **ROD, L.L.C.**  
STREET ADDRESS **275 CLYDE MORRIS BOULEVARD**  
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000481751  
04/11/06 00046 012 500.00

**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