
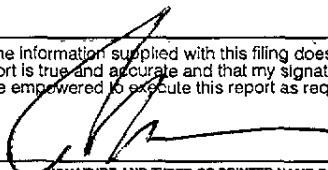


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A03000000835					
1. Entry Name CSR CHARLOTTE LIMITED PARTNERSHIP					
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	4. FEI Number 51-0468471	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 BLVD. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,400,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,361,250			
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 BLVD.				
CITY - ST - ZIP	ORMOND BEACH, FL 32174				
DOCUMENT #	M97000000022		STREET ADDRESS	1000000333443	
NAME	RDT, L.L.C.		CITY - ST - ZIP	04/27/05-80005-008 526.25	
STREET ADDRESS	275 CLYDE MORRIS BLVD.				
CITY - ST - ZIP	ORMOND BEACH, FL 32174				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
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 #		

STAPLE CHECK HERE