2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A06000000986** 1. Entity Name 2007 APR 13 AM 10: 04 ROOT CAPITAL PARTNERS, LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 275 CLYDE MORRIS BOULEVARD 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (12/06) 01032007 Chg-LP City & State City & State 4. FEI Number 59-3152583 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VOGES, WILLIAM J 275 CLYDE MORRIS BOULEVARD Street Address (P.O. Box Number is Not Acceptable) ORMOND BEACH, FL 32174 City 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 Fiorida. 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, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY P06000102548 DOCUMENT # STREET ADDRESS NAME ROOT CAPITAL, INC. STREET ADDRESS 275 CLYDE MORRIS BOULEVARD CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH, FL 32174 DOCUMENT # STREET ADDRESS 04/17/07--01046 **500**.**00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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

William J. Voges, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE!

4/1/2007

Date

3866714908

Daytime Phone #