

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06000000986**

1. Entity Name  
ROOT CAPITAL PARTNERS, LIMITED PARTNERSHIP



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

Mailing Address  
275 CLYDE MORRIS BOULEVARD  
ORMOND BEACH, FL 32174



01212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3152583**

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, 2008, 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 # P06000102548  
NAME ROOT CAPITAL, INC.  
STREET ADDRESS 275 CLYDE MORRIS BOULEVARD  
CITY-ST-ZIP ORMOND BEACH, FL 32174

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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U000000377989  
04/14/08-80036-016 500.00

**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:**

*Eileen Dittbenner*

Eileen Dittbenner, VP

3/29/2008

3866714908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE