


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

|   |                        |  |   |   |  |
|---|------------------------|--|---|---|--|
| <b>DOCUMENT # A98000002032</b><br>1. Entity Name<br>ROOT REAL ESTATE IV, LTD.   |                        |  |   |    |  |
| Principal Place of Business<br>275 CLYDE MORRIS BLVD.<br>ORMOND BEACH, FL 32174   |                        |  | Mailing Address<br>275 CLYDE MORRIS BLVD.<br>ORMOND BEACH, FL 32174   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                        | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |   |  |  |
| 4. FEI Number<br>59-3525842   |                        |  |   | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |                        |  |   | 01102005 Chg-LP CR2E003 (10/03)   |  |
| 6. Name and Address of Current Registered Agent<br>VOGES, WILLIAM J<br>275 CLYDE MORRIS BLVD.<br>ORMOND BEACH, FL 32174   |                        |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                        |  |   |   |  |
| 9. Capital Contributions as Shown on record. \$518,390.00   |                        | 10. Amount of Capital Contributions In FLORIDA to date. 518,390          |   |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                        |  |   |   |  |
| <b>12. GENERAL PARTNER INFORMATION</b>  |                        |  | <b>13. ADDRESS CHANGES ONLY</b>   |   |  |
| 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 #  | M94000000022           |  | STREET ADDRESS  |   |  |
| NAME  | RDT, L.L.C.            |  | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  | 275 CLYDE MORRIS BLVD. |  |   |   |  |
| CITY-ST-ZIP   | ORMOND BEACH, FL 32174 |  |   |   |  |
| DOCUMENT #  |                        |  | STREET ADDRESS  |   |  |
| NAME  |                        |  | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                        |  |   |   |  |
| CITY-ST-ZIP   |                        |  |   |   |  |
| DOCUMENT #  |                        |  | STREET ADDRESS  |   |  |
| NAME  |                        |  | CITY-ST-ZIP   |   |  |
| STREET ADDRESS  |                        |  |   |   |  |
| CITY-ST-ZIP   |                        |  |   |   |  |
| DOCUMENT #  |                        |  | STREET ADDRESS  |   |  |
| 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. 4/13/2006 386.671.4908   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>   |                        |  | <small>Date Daytime Phone #</small>   |   |  |

STAPLE CHECK HERE