


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A98000002032</b> 1. Entity Name ROOT REAL ESTATE IV, LTD.	
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Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174
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**DO NOT WRITE IN THIS SPACE**

01032007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3525842	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

VOGES, WILLIAM J  
275 CLYDE MORRIS BLVD.  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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.**


12. GENERAL PARTNER INFORMATION

DOCUMENT #	P00000093902
NAME	ROOT REAL ESTATE CORP.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	M94000000022
NAME	RDT, L.L.C.
STREET ADDRESS	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U000000696839  
04/18/07-80015-009 500.00

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:**  William J. Voges, Pres. 4/1/2007 3866714908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE