


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000001461 1. Entity Name CSR HOLIDAY, 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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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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6. Name and Address of Current Registered Agent VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$1,695,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,769,250.00

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		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 #	M94000000022	STREET ADDRESS	
NAME	RDT, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	275 CLYDE MORRIS BLVD.		
CITY - ST - ZIP	ORMOND BEACH, FL 32174		
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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, Vice Pres** 4/7/04 386.671.4908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED

04 APR 29 AM 10:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01122004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3596377	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

STAPLE CHECK HERE

\$526.25