
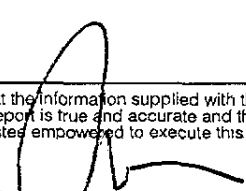


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # B92000000073 1. Entity Name ROOT REAL ESTATE ONE, L.P., LTD.					
Principal Place of Business 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			Mailing Address 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3152593				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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. \$4,991,278.00		10. Amount of Capital Contributions in FLORIDA to date. 4,991,279			
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.		U000000333479 04/27/05-80006-002 526.25		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		STREET ADDRESS		
DOCUMENT #	M94000000022		CITY-ST-ZIP		
NAME	R.D.T., L.L.C.		STREET ADDRESS		
STREET ADDRESS	275 CLYDE MORRIS BLVD.		CITY-ST-ZIP		
CITY-ST-ZIP	ORMOND BEACH, FL 32174		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
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NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 4/13/2005 386.671.4908		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE