



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

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

<b>DOCUMENT # B92000000075</b> 1. Entity Name DAYTONA PAR 3 PARTNERS, L.P., 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**

	
01212008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3152595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  VOGES, WILLIAM J 275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174
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**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, 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 #	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., 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**

U00000877994  
04/14/08-80036-020 500.00

STAPLE CHECK HERE

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

<b>SIGNATURE:</b> 	Philip Maroney, VP	3/29/2008	3866714908
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>