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2000	UNIFORM	BUSINESS	REPORT	(UBR
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B92000000079

DOCUMENT #

1. Entity Name

ROOT RIVERFRONT PARTNERS, L.P., LTD.

Principal Place of Business

Mailing Address

P.O. BOX 2860

DAYTONA BEACH FL 32120-2860

525 FENTRESS BLVD.

DAYTONA BEACH FL 32114-1209

2. Principal Place of Business
275 Clyde Morris Blvd.
Suite, Apt. #, etc.

3. Mailing Address
275 Clyde Morris Blvd.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For 59-3152591 Ormond Beach, Ormond Beach, FL FL Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 32174 USA 32174 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name

VOGES, WILLIAM J 525 FENTRESS BLVD. DAYTONA BEACH FL 32114 William J. Voges
Street Address (P.O. Box Number is Not A

Voges d when reinstating)

Street Address (P.O. Box Number is Not Acceptable) 275 Clyde Morris Blvd.

Ormond Beach,

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.

SIGNATIJRE _______Signature

as Shown on record

9. Capital Contributions \$1,811.443.40

Armount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

Registered Agent

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.

<u>William J.</u>

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	ROOT RIVERFRONT DEVELOPMENT CORP.	STREET ADORESS	275 Clyde Morris Blvd.
STREET ADDRESS CITY+ST-ZIP	525 FENTRESS BLVD. -DAYTONA-BEACH FL-32114-	CITY-ST-ZEP	Ormond Beach, FL 32174
DOCUMENT # NAME	M9400000022 R.D.T., L.L.C.	STREET ADDRESS	275 Clyde Morris Blvd.
STREET ADDRESS City - St - ZIP	525 FENTRESS BLVD. BAYTONA BEACH FL 32114	CLLA-2L-ST-STb	Ormond Beach, FL 32174
DOCUMENT# NAME		STREET ADORESS	
STREET ADORESS CITY-ST-ZIP		CITY-ST-ZIP	3000031515534 -03/08/0001015019
DOCUMENT#		STREET ADDRESS	****526.25 *****526.25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CATY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADORESS CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SENERAL PARTNER

2/2/2000 pate

Daytime Phone #

CLIZECOO (9/99)