

2001 UNIFORM BUSINESS REPORT (UBR)

2011705 AF

DOCUMENT # B92000000079

1. Entity Name

ROOT RIVERFRONT PARTNERS, L.P., LTD.

FILED

01 FEB 21 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3152591** Applied For Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$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 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$1,811,443.40** 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # **F92000000919**
NAME **ROOT REAL ESTATE CORP.**
STREET ADDRESS **275 CLYDE MORRIS BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT # **M94000000022**
NAME **RDT, L.L.C., L.C.**
STREET ADDRESS **275 CLYDE MORRIS BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

STREET ADDRESS **500003783875--7**
CITY-ST-ZIP **-02/27/01--01143--009**
******526.25 ****526.25**

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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: William J. Voges, Pres. Date: 2/12/01 Daytime Phone #: (904)671-4588

CFR2E003 (11/00)