

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

Zip Country Zip Country

4. FEI Number 59-3152591 Applied For Not Applicable

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

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

DOCUMENT #
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Signature: William J. Voges, Pres. 2/12/01 (904) 671-4588

CR2E003 (11/00)