

2002 UNIFORM BUSINESS REPORT (UBR)

0005899 AT

DOCUMENT # B92000000079

1. Entity Name
ROOT RIVERFRONT PARTNERS, LP., LTD.

FILED

02 MAR 25 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 59-3152591	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

VOGES, WILLIAM J
275 CLYDE MORRIS BLVD.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 3,890,097.00	10. Amount of Capital Contributions in FLORIDA to date. \$3,890,097.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000093902 ROOT REAL ESTATE CORP. 275 CLYDE MORRIS BLVD. ORMOND BEACH FL 32174
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M94000000022 RDT, L.L.C., L.C. 275 CLYDE MORRIS BLVD. ORMOND BEACH FL 32174
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600005169116-4
CITY-ST-ZIP	-03/26/02--01046--012 ***526.25 ***526.25
STREET ADDRESS	FF \$ 526.25
CITY-ST-ZIP	
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: **William J. Voges, Pres.** **3/21/02** **386-671-4908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)