### 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

#### **DOCUMENT #B92000000079**

1. Entity Name

ROOT RIVERFRONT PARTNERS, L.P., LTD.



FILED Apr 10, 2007 08:00 A Secretary of State

Principal Place of Business

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174 Mailing Address

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174



## DO NOT WRITE IN THIS SPACE

01032007 No Cha-LP CR2E003 (12/06)

Applied For Not Applicable

5. Certificate of Status Desired

59-3152591

4 FEI Number

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, the obligations of registered agent.</li></ol>	in the State of Florida. I am familiar with, and accept
SIGNATURE	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 ADDRES	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	M9400000022
NAME	RDT, L.L.C., L.C.
STREET ADDRES	275 CLYDE MORRIS BLVD.
CITY-ST-ZIP	ORMOND BEACH, FL 32174
DOCUMENT #	
NAME	
STREET ADDRES	s į
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DOCUMENT #	
NAME	
STREET ADDRESS	s

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# DO NOT WRITE IN THIS SPACE

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

William J. Voges, Pres.

4/1/2007

3866714908

SIGNATURE:

CITY-ST-ZIP

DOCUMENT /
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT /
NAME

STREET ADDRESS

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

<del>------</del>