

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # B92000000079**

1. Entity Name  
ROOT RIVERFRONT PARTNERS, L.P., LTD.



Principal Place of Business  
275 CLYDE MORRIS BLVD.  
ORMOND BEACH, FL 32174

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



01212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 ADDRESS 275 CLYDE MORRIS BLVD.  
CITY-ST-ZIP ORMOND BEACH, FL 32174

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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04/14/08-80036-010 500.00

**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

**SIGNATURE:**

Philip Maroney, VP

3/29/2008

3866714908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE