

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006078 AT

**DOCUMENT # B92000000079**  
 1. Entity Name  
**ROOT RIVERFRONT PARTNERS, LP., LTD.**



FILED

03 APR 22 PM 9:06

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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

DUE BY MAY 1, 2003

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**

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

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 FL. 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	
DOCUMENT #	<b>P00000093902</b>
NAME	<b>ROOT REAL ESTATE CORP.</b>
STREET ADDRESS	<b>275 CLYDE MORRIS BLVD.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
DOCUMENT #	<b>M94000000022</b>
NAME	<b>RDT, L.L.C., L.C.</b>
STREET ADDRESS	<b>275 CLYDE MORRIS BLVD.</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32174</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<b>000016686980</b>
CITY-ST-ZIP	<b>04/22/03--01079--021 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:** **SIGNATURE REQUIRED** Philip Maroney 4/8/2003 386/671/4908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SINGLE CHECK HERE