2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000034573

1. Entity Name

ROOT WILMETTE INVESTMENTS, L.L.C.



Principal Place of Business

275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174

Mailing Address

275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174

FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90048 013 ****50.00

20020863



02082006 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 59-1474418 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

VOGES, WILLIAM J 275 CLYDE MORRIS BOULEVARD ORMOND BEACH, FL 32174

DO NOT WRITE

			IN IH	IS SPACE
	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the	e State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	VOGES, WILLIAM J			
STREET ADDRESS	275 CLYDE MORRIS BLVD			
CITY-\$T-ZIP	ORMOND BEACH, FL 32174			
TITLE	MGR			
NAME	MARONEY, PHILIP			
STREET ADDRESS	275 CLYDE MORRIS BLVD			
CITY-ST-ZIP	ORMOND BEACH, FL 32174			
TITLE	MGR			
NAME	DITTBENNER, EILEEN			
STREET ADDRESS	275 CLYDE MORRIS BLVD		DO N	OT MOITE
CITY-ST-ZIP	ORMOND BEACH, FL 32174		א טע	OT WRITE
TITLE			INI TLI	IS SPACE
NAME			114 111	IS SPACE
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
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11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

William J. Voges, Manager

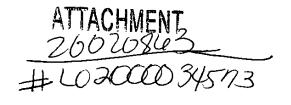
3/30/2006

386-671-4908

GING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #





275 Clyde Morris Boulevard Ormond Beach, Florida 32174 Tel 386 671 4888 Fax 386 671 3888

March 30, 2006

Via Certified Mail, Return Receipt Requested 7000 0600 0028 1779 3468

Department of State P. O. box 6478 Tallahassee, FL 32301

Re; 2006 Limited Liability Company Annual Reports

Dear Sir or Madam:

Enclosed please find the annual reports and \$50.00 fees incident to the following limited liability companies.

DMV Investments, LLC
Petalo II, LLC
Pump House East, LLC
RDT, L.L.C., L.C.
Root Mortgage III, LLC
Root Venture Partners, LLC
Root Wilmette Investments, LLC
Silver Holly Development, LLC
SSRF Properties, LLC

Also enclosed are the annual reports and fees of \$61.25 each for the following Not-for-Profit Corporations:

Block F OACC fire System Owners Assoc. Pines Property Owner's Association

Please proceed to file these annual reports. If you have any questions or require additional information I will appreciate a call to 386-671-4908.

Thanking you for all courtesies and cooperation, I am,

Sincerely yours.

Sharon Romano Legal Secretary

/shr Enc.