2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M94000000022

1. Entity Name RDT, L.L.C., L.C.



Principal Place of Business

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

275 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

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

03-27-2006 90048 010 ****50.00

20020866



02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3158032

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 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 ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME .	VOGES, WILLIAM J	
STREET ADDRESS	275 CLYDE MORRIS BLVD.	
CITY-ST-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 NOT WOITE
CITY-ST-ZIP	ORMOND BEACH, FL 32174	DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 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:

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

____William J. Voges, Manager

3/30/2006

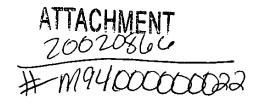
386-671-4908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

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.