

DOCUMENT # A00000000842

1. Entity Name

ELIZABETH S. BROOKS FAMILY FLORIDA LIMITED
PARTNERSHIP



FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

1638 LANDS END VILLAGE
SOUTH SEAS PLANTATION
CAPTIVA FL 33924

Mailing Address

1638 LANDS END VILLAGE
SOUTH SEAS PLANTATION
CAPTIVA FL 33924

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E003 (10/06)

4. FEI Number

65-1009828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, ELIZABETH S
1638 LANDS END VILLAGE
SOUTH SEAS PLANTATION
CAPTIVA FL 33924

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #
NAME
STREET ADDRESS
CITY-STATE-ZIP
BROOKS, ELIZABETH S
1638 LANDS END VILLAGE, SOUTH SEAS PLNTATN
CAPTIVA FL 33924

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

000000634367
02/22/07-80006-018 500.00

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: Elizabeth S. Brooks Elizabeth S. Brooks

2/6/07

239-395-3178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE