


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # A01000000952					
1. Entity Name THE A.L. ROOKS, SR., FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 16334 SNOW MEMORIAL HIGHWAY BROOKSVILLE, FL 34601			Mailing Address 16334 SNOW MEMORIAL HIGHWAY BROOKSVILLE, FL 34601		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02252005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 90-0034696	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROOKS, ALBERT L SR 16334 SNOW MEMORIAL HIGHWAY BROOKSVILLE, FL 34601			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$4,177,095.28			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	1000000273958	
STREET ADDRESS	ROOKS, ALBERT L SR	16334 SNOW MEMORIAL HIGHWAY	CITY - ST - ZIP	03/23/05-80050-008 526.25	
CITY - ST - ZIP	BROOKSVILLE, FL 34601				
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS		
STREET ADDRESS	ROOKS, DOT V	16334 SNOW MEMORIAL HIGHWAY	CITY - ST - ZIP		
CITY - ST - ZIP	BROOKSVILLE, FL 34601				
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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)(f), 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: <i>a l Rooks SR / Albert L Rooks SR</i> 3/18/05 352 796 2202					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE