


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 01, 2006 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

DO NOT WRITE IN THIS SPACE



02122006 No Chg-LP CR2E003 (11/05)

| | |
|---|---------------------------------------|
| 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

ROOKS, ALBERT L SR
16334 SNOW MEMORIAL HIGHWAY
BROOKSVILLE, FL 34601

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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 applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # | ROOKS, ALBERT L SR |
| NAME | 16334 SNOW MEMORIAL HIGHWAY |
| STREET ADDRESS | BROOKSVILLE, FL 34601 |
| CITY-ST-ZIP | |
| DOCUMENT # | ROOKS, DOT V |
| NAME | 16334 SNOW MEMORIAL HIGHWAY |
| STREET ADDRESS | BROOKSVILLE, FL 34601 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| CITY-ST-ZIP | |

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STABLE CHECK HERE

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: Albert L Rooks Sr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____