


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 25, 2007 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

01192007 No Chg-LP CR2E003 (12/06)

4. FEI Number
90-0034696 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # NAME STREET ADDRESS CITY-ST-ZIP	ROOKS, ALBERT L SR 16334 SNOW MEMORIAL HIGHWAY BROOKSVILLE, FL 34601
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U00000603942
01/29/07-80033-011 500.00

STAPLE 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 1/21/07 352 796 2862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #