

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Feb 12, 2009  
Secretary of State**

DOCUMENT# A01000000952

**Entity Name:** THE A.L. ROOKS, SR., FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

16334 SNOW MEMORIAL HIGHWAY  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

**Current Mailing Address:**

16334 SNOW MEMORIAL HIGHWAY  
BROOKSVILLE, FL 34601

**New Mailing Address:**

**FEI Number:** 90-0034696      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:  
Name:       ROOKS, ALBERT L SR  
Address:     16334 SNOW MEMORIAL HIGHWAY  
City-St-Zip: BROOKSVILLE, FL 34601  
Document #:  
Name:       ROOKS, DOT V  
Address:     16334 SNOW MEMORIAL HIGHWAY  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:  
  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/12/2009

\_\_\_\_\_  
Date