

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016171 AT

DOCUMENT # A01000000952



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

FILED

03 APR 25 PM 4:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **APPLIED FOR**
90-0034696

Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$4,177,095.28**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**ROOKS, DOT V
16334 SNOW MEMORIAL HIGHWAY
BROOKSVILLE FL 34601**

STREET ADDRESS
CITY-ST-ZIP

**200017112722
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X SIGNATURE REQUIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/03 352 796 2802
Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK FILE