

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A07000001027

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** M & N SHOOK FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

8016 MIZNER LANE  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

8016 MIZNER LANE  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SHOOK, MICHAEL MD  
20120 N. KEY DRIVE  
BOCA RATON, FL 33498 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: SHOOK, MICHAEL M.D.

Address: 8016 MIZNER LANE

City-St-Zip: BOCA RATON, FL 33433

**ADDRESS CHANGES ONLY:**

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: MICHAEL R> SHOOK,MD

PRES

01/13/2009

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

\_\_\_\_\_  
Date