

**2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000952

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

**Current Principal Place of Business:**

16334 SNOW MEMORIAL HIGHWAY  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

16334 SNOW MEMORIAL HIGHWAY  
BROOKSVILLE, FL 34601

**FEI Number: 90-0034696**

**Certificate of Status Desired: No**

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

ROOKS, ALBERT LSR  
16334 SNOW MEMORIAL HIGHWAY  
BROOKSVILLE, FL 34601 US

*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 Detail :**

|                 |                             |                 |                             |
|-----------------|-----------------------------|-----------------|-----------------------------|
| Document #      |                             | Document #      |                             |
| Name            | ROOKS, ALBERT LSR           | Name            | ROOKS, DOT V                |
| Address         | 16334 SNOW MEMORIAL HIGHWAY | Address         | 16334 SNOW MEMORIAL HIGHWAY |
| City-State-Zip: | BROOKSVILLE FL 34601        | City-State-Zip: | BROOKSVILLE FL 34601        |

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALBERT L ROOKS SR**

**GENERAL PARTNER**

**05/04/2016**

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

\_\_\_\_\_  
Date