# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

**FILED**
**Apr 19, 2007**
**Secretary of State**

DOCUMENT# A04000001532

**Entity Name:** WEEKS FAMILY PARTNERSHIP - I, LLLP

**Current Principal Place of Business:**

1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3889
LAKELAND, FL 338023889

**New Mailing Address:**

**FEI Number: 59-2993410** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815 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: WEEKS, RALPH W
Address: 1625 GEORGE JENKINS BLVD.
City-St-Zip: LAKELAND, FL 33815
Document #:
Name: WEEKS, R. STEPHEN
Address: 1625 GEORGE JENKINS BLVD.
City-St-Zip: LAKELAND, FL 33815

**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 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: RALPH W. WEEKS MGR 04/19/2007

Electronic Signature of Signing General Partner — Date