

# 2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A00000001057

1. Entity Name  
THE WEAKLEY FAMILY LIMITED PARTNERSHIP

Principal Place of Business  
925 BUCKEYE AVE.  
NEWARK, OH 43055

Mailing Address  
925 BUCKEYE AVE.  
NEWARK, OH 43055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 18 AM 9:13

10072005 REIN-LP CR2E100 (6/04)

4. FEI Number  
65-1022081

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

WEAKLEY, ROBERT K  
2205 REGAL WAY  
NAPLES, FL 34110

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$1,010,454.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,010,454.00

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

WEAKLEY, ROBERT K  
2205 REGAL WAY  
NAPLES, FL 34110

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

WEAKLEY, MARILOU M  
2205 REGAL WAY  
NAPLES, FL 34110

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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:

*RK Weakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10/13/05

Date

740-344-2131

Daytime Phone #

STAPLE CHECK HERE

REINSTATEMENT 2005

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11/09/05--01052--011 \*\*526.25