

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



02252006 No Chg-LP

CR2E003 (11/05)

4. FEL 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

WEAKLEY, ROBERT K  
2205 REGAL WAY  
NAPLES, FL 34110

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #  
NAME WEAKLEY, ROBERT K  
STREET ADDRESS 2205 REGAL WAY  
CITY-ST-ZIP NAPLES, FL 34110

DOCUMENT #  
NAME WEAKLEY, MARILOU M  
STREET ADDRESS 2205 REGAL WAY  
CITY-ST-ZIP NAPLES, FL 34110

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000469609  
03/27/06-80008-006 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*R. R. Weakley* R.K. Weakley 3-9-06 740-344-21.

STAPLE CHECK HERE