


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # A00000001057 1. Entity Name THE WEAKLEY FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 925 BUCKEYE AVE. NEWARK, OH 43055	Mailing Address 925 BUCKEYE AVE. NEWARK, OH 43055
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-1022081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000656515

03/14/07-80028-022 500.00

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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: R. R. Weakley ROBERT K. Weakley 2-28-07 740-344-2131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #