


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 21, 2008 08:00 A
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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03012008 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1022081		Applied For 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		7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WEAKLEY, ROBERT K	STREET ADDRESS	
NAME	2205 REGAL WAY	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34110		
CITY-ST-ZIP			
DOCUMENT #	WEAKLEY, MARILOU M	STREET ADDRESS	
NAME	2205 REGAL WAY	CITY-ST-ZIP	
STREET ADDRESS	NAPLES, FL 34110		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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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: *Marilou Weakley* **MARILOU WEAKLEY** **3/11/08** **740-344-2131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE