

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001057

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** THE WEAKLEY FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

925 BUCKEYE AVE.  
NEWARK, OH 43055

**New Principal Place of Business:**

**Current Mailing Address:**

925 BUCKEYE AVE.  
NEWARK, OH 43055

**New Mailing Address:**

**FEI Number:** 65-1022081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHORE, JOYCE W  
2737 NE 35TH STREET  
FORT LAUDERDALE, FL 33308 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: WEAKLEY, ROBERT K  
Address: 2205 REGAL WAY  
City-St-Zip: NAPLES, FL 34110

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: NAPLES, FL 34110 US

Document #:

Name: WEAKLEY, MARILOU M  
Address: 2205 REGAL WAY  
City-St-Zip: NAPLES, FL 34110

Address:  
City-St-Zip: NAPLES, FL 34110 US

I hereby 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: MARILOU M. WEAKLEY

GP

03/29/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date