2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SIGNATURE:

DOCUMENT # A03000001336 1. Entity Name WEEKLEY BROS. LEASING, LTD. 06 JAN 24 AM 9:13 Mailing Address Principal Place of Business 20701 STIRLING ROAD 20701 STIRLING ROAD PEMBROKE PINES, FL 33332 PEMBROKE PINES, FL 33332 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E003 (11/05) Chg-LP City & State 4. FEI Number Applied For City & State 59-2331675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WEEKLEY, WAYNE D Street Address (P.O. Box Number is Not Acceptable) 20701 STIRLING ROAD PEMBROKE PINES, FL 33332 City 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 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY L03000034275 DOCUMENT # STREET ADDRESS NAME W. WEEKLEY ENTERPRISES, LLC STREET ADDRESS 20055 S.W. 30 STREET CITY-ST-ZIP WESTON, PL 33332 SAMO AS ABOUR CITY-ST-ZIP <u>500065195295</u> DOCUMENT # L03000034277 02/06/06--01015--008 **508.75 STREET ADDRESS NAME T. WEEKLEY ENTERPRISES, LLC STREET ADDRESS 20855 S.W. 36 STREET --CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33332 SANCAS ABOUR L03000034278 DOCUMENT / STREET ADDRESS NAME D. WEEKLEY ENTERPRISES, LLC 20055 S.W. 36 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON, FL 33332 SAME AS AMOUR DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 1-16-06 954-680-8005

Daytime Phone &

NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER