

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED

08 JAN 30 PM 4:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # A03000001336

1. Entity Name
WEEKLEY BROS. LEASING, LTD.



Principal Place of Business
**20701 STIRLING ROAD
PEMBROKE PINES, FL 33332**

Mailing Address
**20701 STIRLING ROAD
PEMBROKE PINES, FL 33332**



01042008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2331675

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WEEKLEY, WAYNE D
20701 STIRLING ROAD
PEMBROKE PINES, FL 33332**

**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, 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

DOCUMENT # **L03000034275**
NAME **W. WEEKLEY ENTERPRISES, LLC**
STREET ADDRESS **20701 STIRLING ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33332**

DOCUMENT # **L03000034277**
NAME **T. WEEKLEY ENTERPRISES, LLC**
STREET ADDRESS **20701 STIRLING ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33332**

DOCUMENT # **L03000034278**
NAME **D. WEEKLEY ENTERPRISES, LLC**
STREET ADDRESS **20701 STIRLING ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33332**

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000117640240
02/11/08--01005--014 **1083.75

**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 #

1-15-08

STAPLE CHECK HERE