

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

DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2331675	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required <input type="checkbox"/>

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

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

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-15-08

Date

Daytime Phone #