

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001532**

1. Entity Name  
**WEEKS FAMILY PARTNERSHIP - I, LLLP**



Principal Place of Business  
**1625 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815**

Mailing Address  
**P.O. BOX 3889  
LAKELAND, FL 33802-3889**



03312008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2993410**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WEEKS, RALPH W  
1625 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815**

**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. \$500.00**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	
NAME	WEEKS, RALPH W
STREET ADDRESS	1625 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33815
DOCUMENT #	
NAME	WEEKS, R. STEPHEN
STREET ADDRESS	1625 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33815
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Ralph W. Weeks*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

4/21/08

Daytime Phone #

STAPLE CHECK HERE