


# 2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

<b>DOCUMENT # A06000000139</b> 1. Entity Name <b>WEEKS FAMILY PARTNERSHIP-II, LLLP</b>					
Principal Place of Business <b>1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815</b>			Mailing Address <b>PO BOX 3889 LAKELAND, FL 33802-3889</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0589940</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WEEKS, RALPH W 1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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				DATE	
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WEEKS, RALPH W		CITY-ST-ZIP		
STREET ADDRESS	1625 GEORGE JENKINS BOULEVARD				
CITY-ST-ZIP	LAKELAND, FL 33815				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WEEKS, R. STEPHEN		CITY-ST-ZIP		
STREET ADDRESS	1625 GEORGE JENKINS BOULEVARD				
CITY-ST-ZIP	LAKELAND, FL 33815				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<i>[Signature]</i>		CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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NAME			CITY-ST-ZIP		
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					
SIGNATURE: <i>[Signature]</i>			Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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07 APR 26 PM 1:37  
TALLAHASSEE, FLORIDA



04202007 Chg-LP CR2E003 (12/06)

 4. FEI Number  
**65-0589940**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code