

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



CR2E003 (12/06)

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**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.**

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

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05/22/08-80025-024 500.00

**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 #