2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A06000000139

1. Entity Name
WEEKS FAMILY PARTNERSHIP-II, LLLP



FILED Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815 Mailing Address

PO BOX 3889

LAKELAND, FL 33802-3889



03312008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For
65-0589940	Not Applicable
5 Certificate of Status Desired	\$8.75 Additional

	*5 -4		5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current Registered Agent			
	RALPH W RGE JENKINS BOULEVARD D, FL 33815		DO NOT WRITE IN THIS SPACE	•
the obligat	named entity submits this statement for the purpose of changing it lions of registered agent.	s registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accep)t
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 \$90 A GENERAL PARTNER THAT IS A BUSINESS E		STEDER AND ACTIVE WITH THIS DESICE	
	NOTE: General Partners MAY NOT be changed on	the form; an amendmer	ent must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION	•		
DOCUMENT #		e .		
NAME	WEEKS, RALPH W		•	r
STREET ADDRESS	1625 GEORGE JENKINS BOULEVARD	,	1100000331737	
CITY-ST-ZIP	LAKELAND, FL 33815		05/22/08-80025-024 500.00	
DOCUMENT#				
NAME	WEEKS, R. STEPHEN			
STREET ADDRESS	1625 GEORGE JENKINS BOULEVARD			
CITY-ST-ZIP	LAKELAND, FL 33815	·		
DOCUMENT #				٠,
NAME			DO NOT WRITE	
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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:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Dayµme Phone #