


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001108</b> 1. Entity Name <b>MARTHA L. T. WEEKS FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>257 S.E. AVENUE E BELLE GLADE FL 33430</b>			Mailing Address <b>P.O. BOX 157 LAKE HARBOR FL 33459</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0509769</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>GANN, JAMES M 257 S. E. AVE, EAST BELLE GLADE FL 33430</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$309,826.00</b>		10. Amount of Capital Contributions in FLORIDA to date		11. <b>FILE NOW!!! Due by May 1, 2005.</b> See Block 11 instructions for fee info.	
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS	CITY - ST - ZIP	
NAME	<b>WEEKS, MARTHA L. T.</b>		CITY - ST - ZIP	<b>UN00000273884</b>	
STREET ADDRESS	<b>8 E. CORKSCREW BLVD.</b>		CITY - ST - ZIP	<b>03/23/05-80045-019 526.25</b>	
CITY - ST - ZIP	<b>LAKE HARBOR FL 33459-0008</b>				
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CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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					
<b>SIGNATURE: <u>Martha L. T. Weeks</u> Martha L. T. Weeks 3/15/05 561-996-1843</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE