


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A94000001108			
1. Entity Name MARTHA L. T. WEEKS FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 257 S.E. AVENUE E BELLE GLADE FL 33430		Mailing Address P.O. BOX 157 LAKE HARBOR FL 33459	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	
6. Name and Address of Current Registered Agent GANN, JAMES M 257 S. E. AVE., EAST BELLE GLADE FL 33430		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and filer if applicable.</small>		DATE _____	
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.			
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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WEEKS, MARTHA L. T. 8 E. CORKSCREW BLVD. LAKE HARBOR FL 33459-0008	STREET ADDRESS CITY - ST - ZIP	
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1st MOORE CR2E003 (10/06)

4. FEI Number **65-0509769** Applied For
Not Applicable

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

STAPLE CHECK HERE

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: *Martha L. T. Weeks*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/26/07 901.996.1843
Date Daytime Phone #