


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-04-2004 90069 026 *****50.00

DOCUMENT # L03000011399		
1. Entity Name WEAKLEY FAMILY PROPERTIES, LLC		

Principal Place of Business 309 9TH STREET SOUTH NAPLES FL 34102	Mailing Address PO BOX 2811 NAPLES FL 34106
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent NOVATT, JEFF M ESQUIRE CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 FIFTH AVENUE SOUTH, SUITE 201 NAPLES FL 34102		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

2/12/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAKLEY MARK D 309 9TH STREET SOUTH NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/12/04 239/404-7103