

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 07, 2005 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



07052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
36-4527613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**

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IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

000000371275
07/07/05-80010-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEAKLEY, MARK D
STREET ADDRESS	309 9TH STREET SOUTH
CITY - ST - ZIP	NAPLES, FL 34102
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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: *Mark Weakley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #