


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 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		
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		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEAKLEY, MARK D 309 9TH STREET SOUTH NAPLES, FL 34102	
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11. 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 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: <u>Mark D. Weakley</u> <u>4/10/06</u> <u>239-464-7103</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
36-4527613

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

11000000509149
04/28/06-80032-012 50.00