2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004
Secretary of State

DOCUMENT# L03000022445

Entity Name: THREE WEEKS, LLC

Current Principal Place of Business:

5488 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

5488 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 74-3096194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, ROBERT J
5488 COUNTY ROAD 209 SOUTH
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: WEEKS, ROBERT J
Address: 5488 COUNTY ROAD 209 SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR ( ) Delete
Name: WEEKS, ANDREW J JR
Address: 5733 COUNTY ROAD 209 SOUTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: MGR ( ) Delete
Name: WEEKS, MICHAEL T
Address: 12133 HONEY CREEK PLACE
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT J. WEEKS MEMB 03/16/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date