

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022445

Entity Name: THREE WEEKS, LLC

FILED  
Apr 06, 2006  
Secretary of State

**Current Principal Place of Business:**

5488 COUNTY ROAD 209 SOUTH  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

2703 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

**Current Mailing Address:**

5488 COUNTY ROAD 209 SOUTH  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

2703 SHADE TREE DRIVE  
ORANGE PARK, FL 32003

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:**

WEEKS, ROBERT J  
2703 SHADE TREE DRIVE  
ORANGE PARK, FL 32003 US

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: ROBERT J. WEEKS

04/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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: MGR (X) Change ( ) Addition  
Name: WEEKS, ROBERT J  
Address: 2703 SHADE TREE DRIVE  
City-St-Zip: ORANGE PARK, FL 32003

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 Chapter 119, 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

MGR

04/06/2006

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