



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000029868</b> 1. Entity Name <b>WEEKS SPORTS MANAGEMENT, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 JUL 22 AM 8:36</b>	
Principal Place of Business <b>550 BIRCH CT ALTAMONTE SPRINGS, FL 32714 US</b>				Mailing Address <b>PO BOX 609015 ORLANDO, FL 32860 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		4. FEI Number <b>07062005 REIN-LLC CR2E101 (6/04)</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>WEEKS, RICKIE D SR 550 BIRCH CT ALTAMONTE SPRINGS, FL 32714</b>			
7. Name and Address of New Registered Agent							
Name							
Street Address (P.O. Box Number is Not Acceptable)							
City				FL Zip Code			
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 reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>WEEKS, RICKIE D SR</b> <b>550 BIRCH CT</b> <b>LTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 04-05</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WEEKS, VALERIA A</b> <b>550 BIRCH CT</b> <b>ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500058046585</b> <b>07/29/05--01056--003 **100.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WEEKS, KAISHA L</b> <b>550 BIRCH</b> <b>ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>WEEKS, BARRY</b> <b>441 WEATHERSFIELD DR.</b> <b>ALTAMONTE SPRINGS, FL 32714</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.							
<b>SIGNATURE:</b> <u><i>Rickie D Weeks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>7-24-05 (407)462-1069</u> <small>Date Daytime Phone #</small>			