

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90138 033 \*\*\*\*55.00

<b>DOCUMENT # L03000034277</b> 1. Entity Name T. WEEKLEY ENTERPRISES, LLC	
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Principal Place of Business 20701 STIRLING ROAD PEMBROKE PINES, FL 33332	Mailing Address 20701 STIRLING ROAD PEMBROKE PINES, FL 33332
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01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  WEEKLEY, TROY L 20701 STIRLING ROAD PEMBROKE PINES, FL 33332
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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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKLEY, TROY L 208 SW 36 ST WESTON, FL 33332
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:**

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

Date

Daytime Phone #

01-22-07