

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**08 JAN 30 PM 4:02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # L03000034278**

1. Entity Name  
**D. WEEKLEY ENTERPRISES, LLC**



Principal Place of Business  
**20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332**

Mailing Address  
**20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332**



01042008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**WEEKLEY, DANIEL D  
20701 STIRLING ROAD  
PEMBROKE PINES, FL 33332**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WEEKLEY, DANIEL D 20701 STIRLING RD PEMBROKE PINES, FL 33332</b>
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02/11/08--01005--014 \*\*1083.75**

**DO NOT WRITE  
IN THIS SPACE**

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 #

**1-15-08**