

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055563

1. Entity Name
**LEN WEEKS CONSTRUCTION.DESIGN.DEVELOPMENT,
L.L.C.**



Principal Place of Business
**62 HYPOLITA STREET
ST. AUGUSTINE, FL 32084 US**

Mailing Address
**PO BOX 3225
ST AUGUSTINE, FL 32085 US**



01122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1613883

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLES, JOSEPH L JR
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084**

**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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WEEKS, CLAUDE L JR
62 HYPOLITA STREET
ST. AUGUSTINE, FL 32084**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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04/12/06 130037-020 50.00

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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:

Len Weeks

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

3/27/06

Date

904-824-1626

Daytime Phone #