

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055563

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: LEN WEEKS CONSTRUCTION.DESIGN.DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

62 HYPOLITA STREET  
ST. AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

Current Mailing Address:  
PO BOX 3225  
ST AUGUSTINE, FL 32085 US

**New Mailing Address:**

FEI Number: 42-1613883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WEEKS, CLAUDE L JR  
Address: 62 HYPOLITA STREET  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CLAUDE L. WEEKS, JR.

MGRM

04/22/2009

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