

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                              |                                 |                                                               |                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000001823</b><br>1. Entity Name<br><b>WEEKS MASONRY, LLC.</b>                                                                                                                                                |                                                                              |                                 |                                                               |                                                                                            |  |
| Principal Place of Business<br><b>161 W LAKEVIEW DR<br/>WEWAHITCHKA FL 32465</b>                                                                                                                                              |                                                                              |                                 | Mailing Address<br><b>PO BOX 853<br/>WEWAHITCHKA FL 32465</b> |                                                                                                                                                                              |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                         |                                                                              |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                     |                                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                  |                                                                              |                                 | City & State                                                  |                                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                           | Country                                                                      | Zip                             | Country                                                       | 4. FEI Number <b>56-2415388</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For<br/> <input type="checkbox"/> Not Applied         </div> |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                              |                                 |                                                               | <b>\$5.00 Additional Fee Required</b>                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WEEKS, FAYE<br/>161 W LAKEVIEW DR<br/>WEWAHITCHKA FL 32465</b>                                                                                                      |                                                                              |                                 |                                                               | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                            |  |
|                                                                                                                                                                                                                               |                                                                              |                                 |                                                               | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing)                                                                                                                                                 |                                                                              |                                 |                                                               |                                                                                                                                                                              |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>                                                                                                    |                                                                              |                                 |                                                               |                                                                                                                                                                              |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                |                                                                              |                                 | 10. ADDITIONS / CHANGES                                       |                                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <b>MGR<br/>WEEKS, FAYE M<br/>161 W LAKEVIEW DR<br/>WEWAHITCHKA FL 32465</b>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            | <b>MGRM<br/>WEEKS, IREY E<br/>161 W LAKEVIEW DR<br/>WEWAHITCHKA FL 32465</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            |                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            |                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            |                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                            |                                                                              | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP            | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                                 |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Faye M. Weeks* *Faye M. Weeks* *1/26/06* *850-639-57*