


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90341 049 \*\*\*\*50.00

<b>DOCUMENT # L04000001823</b>			
1. Entity Name <b>WEEKS MASONRY, LLC.</b>			
Principal Place of Business <b>161 W LAKEVIEW DR WEWAHITCHKA FL 32465</b>		Mailing Address <b>PO BOX 853 WEWAHITCHKA FL 32465</b>	
2. Principal Place of Business - No P.O. Box # <b>161 Lakeview Dr. Wewa, FL 32465</b>		3. Mailing Address <b>P.O. Box 853 Wewa, FL 32465</b>	
Suite, Apt. #, etc. <b>NA</b>		Suite, Apt. #, etc. <b>NA</b>	
City & State <b>NA</b>		City & State <b>Wewa, FL</b>	
Zip <b>32465</b>	Country <b>Gulf</b>	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number <b>56-2415388</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WEEKS, FAYE 161 W LAKEVIEW DR WEWAHITCHKA FL 32465</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEEKS, FAYE M 161 W LAKEVIEW DR WEWAHITCHKA FL 32465</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEEKS, JREY E 161 W LAKEVIEW DR WEWAHITCHKA FL 32465</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Faye Weeks*

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

3/29/07

Date

850-639-5794

Daytime Phone #