

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000088861

**FILED**  
**Apr 28, 2008**  
**Secretary of State**

**Entity Name:** WEEKS PROPERTIES, LLC

**Current Principal Place of Business:**

BUILDING 132, HIGHWAY 20  
FREEPORT, FL 32439

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 432  
FREEPORT, FL 32439

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WEEKS, CHRISTOPHER R  
1075 MCCALL DAIRY ROAD  
DEFUNIAK SPRINGS, FL 32435 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, CHRISTOPHER R  
Address: 132 HIGHWAY 20  
City-St-Zip: FREEPORT, FL 32439

**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:** CHRISTOPHER R. WEEKS

OWNE

04/28/2008

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