


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

138.75

<b>DOCUMENT # L06000008124</b> 1. Entity Name <b>WEEKS FAMILY PROPERTIES - 116, LLC</b>	
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Principal Place of Business <b>1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815</b>	Mailing Address <b>P.O. BOX 3889 LAKELAND, FL 33802-3889</b>
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## DO NOT WRITE IN THIS SPACE

FILED  
08 MAY 16 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312008No Chg-LLC CR2E083 (12/07)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>WEEKS, RALPH W</b> <b>1625 GEORGE JENKINS BLVD.</b> <b>LAKELAND, FL 33815</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Ralph W Weeks* 4/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #