

138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008134

1. Entity Name
WEEKS FAMILY PROPERTIES - 163, LLC



Principal Place of Business
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

Mailing Address
P.O. BOX 3889
LAKELAND, FL 33802-3889

FILED
08 MAY 16 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03312008 No Chg-LLC CR2E083 (12/07)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815

DO NOT WRITE IN THIS SPACE

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.

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WEEKS, RALPH W
STREET ADDRESS	1625 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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 #