

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

138.75

DOCUMENT # L06000008161

1. Entity Name
WEEKS FAMILY PROPERTIES - 168, 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 12:43
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 <input type="checkbox"/>	\$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.

**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>8/5/20</i>
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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*

4/24/08

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

Date

Daytime Phone #