2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008165 FILED 1. Entity Name WEEKS FAMILY PROPERTIES - 188, LLC 08 HAY 16 PM 12: 49 ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1625 GEORGE JENKINS BLVD. P.O. BOX 3889 LAKELAND, FL 33815 LAKELAND, FL 33802-3889 CR2E083 (12/07) 03312008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WEEKS, RALPH W DO NOT WRITE 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE WEEKS, RALPH W NAME 06747081319738139 STREET ADDRESS 1625 GEORGE JENKINS BLVD. CITY-ST-7IP LAKELAND, FL 33815 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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: JULIUM MULLUM
RICHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS

4/21/08

Daytime Phone i