

138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008175

1. Entity Name  
WEEKS FAMILY PROPERTIES - 717, LLCPrincipal Place of Business\*  
1625 GEORGE JENKINS BLVD.  
LAKELAND, FL 33815Mailing Address  
P.O. BOX 3889  
LAKELAND, FL 33802-3889

FILED

08 MAY 16 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03312008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
NOT APPLICABLEApplied For  
Not Applicable5. 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 33815DO 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

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

## 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           | \$75/20                   |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| TITLE          |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| 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:

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

Date

Daytime Phone #