

138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008176

1. Entity Name  
WEEKS FAMILY PROPERTIES - 720, 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 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

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  
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

*\$75/20*

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

500130739245  
06/04/08--01034--002 \*\*4601.25

**DO NOT WRITE  
IN THIS SPACE**

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

*4/21/08*

Daytime Phone # \_\_\_\_\_