


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000008181						FILED 07 APR 26 PM 1:38 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA									
1. Entity Name WEEKS FAMILY PROPERTIES - 992, LLC				Principal Place of Business 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815				Mailing Address P.O. BOX 3889 LAKELAND, FL 33802-3889							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		4. FEI Number 04202007 Chg-LLC CR2E083 (12/06)		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Barcode		Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent									
WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815						Name									
						Street Address (P.O. Box Number is Not Acceptable)									
						City									
						FL Zip Code									
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 _____															
Filing Fee is \$50.00 Due by May 1, 2007								Make check payable to Florida Department of State							
9. MANAGING MEMBERS/MANAGERS						10. ADDITIONS/CHANGES									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		400103024914 05/22/07--01035--010 **2400.00							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>8514</i>		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition							
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: <i>Ralph W. Weeks</i>															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE															
Date _____ Daytime Phone # _____															