

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

138.75

**DOCUMENT # L06000008181**  
 1. Entity Name  
 WEEKS FAMILY PROPERTIES - 992, LLC



FILED  
 08 MAY 16 PM 12:46  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815  
 Mailing Address: P.O. BOX 3889 LAKELAND, FL 33802-3889



**DO NOT WRITE IN THIS SPACE**

03312008 No Chg-LLC CR2E083 (12/07)  
 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 \_\_\_\_\_ (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	
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NAME	
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CITY-ST-ZIP	

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**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: *Ralph W Weeks* 4/21/08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #