


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

138.75

<b>DOCUMENT # L06000013948</b> 1. Entity Name WEEKS FAMILY PROPERTIES - 157, LLC	
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Principal Place of Business 1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815	Mailing Address POST OFFICE BOX 3889 LAKELAND, FL 33802-3889
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**DO NOT WRITE IN THIS SPACE**

FILED  
08 MAY 16 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, RALPH W  
1625 GEORGE JENKINS BOULEVARD  
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 BOULEVARD LAKELAND, FL 33815
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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

4/24/08

Date

Daytime Phone #