


138.75

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000013956	
1. Entity Name WEEKS FAMILY PROPERTIES - 137, LLC	

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
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03282008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  WEEKS, RALPH W 1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815
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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 NAME STREET ADDRESS CITY-ST-ZIP	MGR WEEKS, RALPH W 1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$15/20
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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 Ralph W. Weeks 4/21/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #