


138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000013962 1. Entity Name WEEKS FAMILY PROPERTIES - 123, LLC	
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FILED
08 MAY 16 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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 <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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