

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

138.75

**DOCUMENT # L06000014447**

1. Entity Name  
**WEEKS FAMILY PROPERTIES - 103, LLC**



Principal Place of Business  
**1625 GEORGE JENKINS BOULEVARD  
LAKELAND, FL 33815**

Mailing Address  
**POST OFFICE BOX 3889  
LAKELAND, FL 33802-3889**

FILED

08 MAY 16 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03312008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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 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	<b>MGR WEEKS, RALPH W 1625 GEORGE JENKINS BOULEVARD LAKELAND, FL 33815</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> 5/20
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/21/08

Date

Daytime Phone #