# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 30, 2009**
**Secretary of State**

DOCUMENT# L06000014455

**Entity Name:** WEEKS FAMILY PROPERTIES - 155, LLC

**Current Principal Place of Business:**

1625 GEORGE JENKINS BOULEVARD
LAKELAND, FL 33815

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 3889
LAKELAND, FL 338023889

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: WEEKS, RALPH W
Address: 1625 GEORGE JENKINS BOULEVARD
City-St-Zip: LAKELAND, FL 33815

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR 03/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date