

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000014465

1. Entity Name
WEEKS FAMILY PROPERTIES - 105, LLC



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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number

☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME WEEKS, RALPH W
STREET ADDRESS 1625 GEORGE JENKINS BOULEVARD
CITY-ST-ZIP LAKELAND, FL 33815 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200103025272
CITY-ST-ZIP 05/22/07--01035--010 **2400.00

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date

Daytime Phone #