

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000041522

1. Entity Name

WEEKLEY TWO FORT MYERS, LLC



Principal Place of Business

20701 STIRLING ROAD
PEMBROKE PINES, FL 33332

Mailing Address

20701 STIRLING ROAD
PEMBROKE PINES, FL 33332

FILED

08 JAN 30 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01042008 No Chg-LLC

CR2E083 (12/07)

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4. FEI Number

43-2104254

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEEKLEY, WAYNE D
20701 STIRLING ROAD
PEMBROKE PINES, FL 33332

**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 MGR
NAME WEEKLEY BROS. LEASING, LTD.
STREET ADDRESS 20701 STIRLING ROAD
CITY-ST-ZIP PEMBROKE PINES, FL 33332

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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

Date

Daytime Phone #

1-15-08