FROM :JOES TAX SERVICE INC   FAX NO. :863 688 3141

FILED
Feb 22, 2007 8:00 am
Secretary of State
02-22-2007 90274 035 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000080644

1. Entity Name
F. M. WEEKS ENTERPRISES, L.L.C.

60017466

Principal Place of Business	Mailing Address
2017 WEST MEMORIAL BLVD LAKELAND, FL 33815	PO BOX 228 KATHLEEN, FL 33849 US
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

02182007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8034058 ☐ 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, FRED M 2017 WEST MEMORIAL BLVD 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] 2-19-07
(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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~ ~~VINSON, JENNIFER C~~ ~~2017 WEST MEMORIAL BLVD~~ ~~LAKELAND, FL 33815~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	owner Fred M. Weeks 2017 W. Memorial Blvd. Lakeland, FL 33815 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ofc. mgr - rep. Jennifer C. Vinson 2017 W Memorial Blvd. Lakeland, FL 33815 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] 2/19/07 863-688-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #