


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90035 021 \*\*\*\*50.00

<b>DOCUMENT # L06000083805</b>	
1. Entity Name <b>LAKE WEEKS II, LLC.</b>	

Principal Place of Business <b>325 SOUTH BOULEVARD TAMPA, FL 33606</b>	Mailing Address <b>325 SOUTH BOULEVARD TAMPA, FL 33606</b>
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2. Principal Place of Business - No P.O. Box # <b>17320 DORMAN RD.</b>	3. Mailing Address <b>17320 DORMAN RD.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Lithia, FL</b>	City & State <b>Lithia, FL</b>
Zip <b>33547</b>	Country <b>USA</b>
Zip <b>33547</b>	Country <b>USA</b>

04102007	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>87-0781469</b>	Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>	

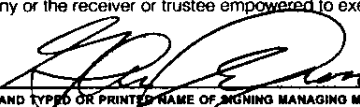
6. Name and Address of Current Registered Agent <b>MOLLOY, DANIEL L 325 SOUTH BOULEVARD TAMPA, FL 33606</b>	
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7. Name and Address of New Registered Agent Name <b>GLEN E. CROSS</b> Street Address (P.O. Box Number is Not Acceptable) <b>17320 DORMAN RD.</b> City <b>Lithia</b> FL Zip Code <b>33547</b>	
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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 	DATE <b>4-10-07</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, GLEN E 10501 JOHANNA AVENUE RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CROSS, GLEN E. 17320 DORMAN RD. Lithia, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>4-10-07</b> DAYTIME PHONE # <b>813-240-0933</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	