2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 15, 2007
Secretary of State

DOCUMENT# L06000085940

Entity Name: WEEKS INVESTMENT, LLC

Current Principal Place of Business:

1470 RAIL HEAD BLVD
NAPLES, FL 34110

New Principal Place of Business:

1707 SW 29TH TERRACE
CAPE CORAL, FL 33914

Current Mailing Address:

1470 RAIL HEAD BLVD
NAPLES, FL 34110

New Mailing Address:

1707 SW 29TH TERRACE
CAPE CORAL, FL 33914

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MARC F OATES PA
5515 BRYSON DRIVE STE 502
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

MANLEY, MICHAEL A
26721 DUBLIN WOODS CIR., STE. #1
BONITA SPRINGS, FL 34135 US

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: MICHAEL A. MANLEY 10/15/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WEEKS, NORMAN
Address: 5171 CORTINA COURT
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete
Name: STEMPEL, ROSWITHA
Address: 1707 SW 29TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

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

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: NORMAN WEEKS MGRM 10/15/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date