## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 11, 2008 8:00 am Secretary of State

Daytime Phone #

Date

ANNUAL REPORT					01-23-2008 90021 037 ***143.75			
DOCUMENT # L07000017466  1. Entity Name WEEKLEY THREE CLEWISTON, LLC					1			
Principal Place of Business 20701 STIRLING ROAD PEMBROKE PINES, FL 33332		Mailing Address 20701 STIRLING ROAD PEMBROKE PINES, FL 33332			PB/II (BB/II GB/II)	3001031		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numbe	52536	O No	plied For t Applicable
Zip	Country Zip Cour		Cour	itry	5. Certificate	of Status Desired	\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent	
WEEKLEY, WAYNE D 20701 STIRLING ROAD PEMBROKE PINES, FL 33332				Name Street Address	Name Street Address (P.O. Box Number is Not Acceptable)			
				City			FI Zip Cod	•
The above named entity submits this statement for the purpose of changing its registers					ered agent, or bot	n, in the State of Flo		
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  Transfer or the printed name of registered agent and title if applicable.								
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75  Florida Department of State St								
9.	MANAGING MEMBE		10.	1		ADDITIONS		
NAME STREET ADDRESS CITY-ST-ZIP	MGR WEEKLEY BROS. LEASING, LTI 20701 STIRLING ROAD PEMBROKE PINES, FL 33332	☐ Delete D.		· 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oeleta	1	į į			☐ Change	Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## ATTACHMENT 300/03/1-# 607000017466

Morgan Stanley **D** 25-80/440 108

20701 STIRLING ROAD • PEMBROKE PINES, FL 33332

July 7, 2008

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Division Of Corporations P.O Box 6198 Tallahasse, Florida 32314

To Whom It May Concern:

We have received a "Notice Of Intent To Dissolve" because our original application was submitted without our FEI number. Please note that we resubmitted the corrected application and that the check for the application fee was cash and has cleared our bank.

I'am herewith resubmitting the application with the company FEI number (61-1525360) for registration. There was never any intention to dissolve the company.

We are also requesting any late fees if any to be waived. The application was filed on time.

Please feel free to contact me with any questions that may arise.