
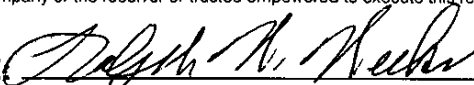


138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000031434 1. Entity Name WEEKS FAMILY PROPERTIES - 716, LLC						FILED 08 MAY 16 PM 12:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815				Mailing Address P.O. BOX 3889 LAKELAND, FL 33802-3889			
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				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR			TITLE			
NAME	WEEKS, RALPH W			NAME			
STREET ADDRESS	1625 GEORGE JENKINS BLVD.			STREET ADDRESS			
CITY - ST - ZIP	LAKELAND, FL 33815			CITY - ST - ZIP			
TITLE	MGR			TITLE			
NAME	WEEKS, R. STEPHEN			NAME			
STREET ADDRESS	1625 GEORGE JENKINS BLVD.			STREET ADDRESS			
CITY - ST - ZIP	LAKELAND, FL 33815			CITY - ST - ZIP			
TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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TITLE				TITLE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
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 				4/21/08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>			
				<small>Daytime Phone #</small>			