

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109992

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: WEEKLEY SCHULTE VALDES, LLC

**Current Principal Place of Business:**

101 E KENNEDY BLVD  
STE 2320  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

101 E KENNEDY BLVD  
STE 2320  
TAMPA, FL 33602 US

**New Mailing Address:**

FEI Number: 26-1369699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHULTE, CHRISTOPHER  
101 E KENNEDY BLVD. STE 2320  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHULTE, CHRISTOPHER  
Address: 101 E KENNEDY BLVD STE 2320  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: WEEKLY, PAUL  
Address: 101 E KENNEDY BLVD STE 2320  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: VALDES, JODY  
Address: 101 E KENNEDY BLVD STE 2320  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

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

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: CHRISTOPHER J SCHULTE

MGRM

02/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date