

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90340 001 \*\*\*\*50.00

20016200



☒ CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # L99000007692</b>	
1. Entity Name <b>DRAINE WEEKS FAMILY L.L.C.</b>	
Principal Place of Business 16517 VANDERBILT DRIVE, SUITE 2 BONITA SPRINGS FL 34136	Mailing Address PO BOX 366487 BONITA SPRINGS FL 34136
2. Principal Place of Business Amber J. Vojak, Attorney At Law 2164 C J Lane LaBelle, Florida 33935	3. Mailing Address 2164 C J Lane La Belle, Florida 33935

4. FEI Number <b>59-3609992</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DIGNAM, MICHAEL F</b> <b>1601 HENDRY STREET</b> <b>FORT MYERS FL 33901</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 <i>Amber J. Vojak</i> (NOTE: Registered Agent signature required when reinstating) DATE	

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>VOJAK, AMBER J REP</b> <b>16517 VANDERBILT DRIVE, SUITE 2</b> <b>BONITA SPRINGS FL 34136</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBMR</b> <b>VOJA487* 341363013 1402 12 01/04/03</b> <b>NOTIFY SENDER OF NEW ADDRESS</b> <b>:AMBER J VOJAK PA</b> <b>2164 CJ LN</b> <b>LABELLE FL 33935-6632</b> <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Amber J. Vojak</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
----------------------------------	---	------	-----------------