2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2006
Secretary of State

DOCUMENT# M00000002536

Entity Name: DAVID AND JAN WEEKS, LLC

Current Principal Place of Business:

15916 NE 95TH WAY
REDMOND, WA 98052

New Principal Place of Business:

5506 MERLYN LANE
CAPE CORAL, FL 33914

Current Mailing Address:

15916 NE 95TH WAY
REDMOND, WA 98052

New Mailing Address:

5506 MERLYN LANE
CAPE CORAL, FL 33914

FEI Number: 60-1978733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEEKS, JAN
5506 MERLYN LANE
CAPE CORAL, FL 33914 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: MGR ( ) Delete
Name: WEEKS, DAVID
Address: 15916 NE 95TH WAY
City-St-Zip: REDMOND, WA 98052

Title: MGR ( ) Delete
Name: WEEKS, JAN
Address: 15916 NE 95TH WAY
City-St-Zip: REDMOND, WA 98052

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WEEKS, DAVID
Address: 5506 MERLYN LANE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change ( ) Addition
Name: WEEKS, JAN
Address: 5506 MERLYN LANE
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information supplied with this filing does not qualify for the 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: JAN WEEKS MS. 01/14/2006

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