


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000669 LEWIS E. WEEKS, L.L.C. 2 ALSTON ROAD PALM BEACH GARDENS FL 33418		FILED 99 APR 15 PM 4:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		1a. Principal Place of Business Address	
2a. Mailing Address		2 ALSTON ROAD PALM BEACH GARDENS FL 33418	
Suite, Apt. #, etc.		3. Date Organized or Qualified 10/08/1997	
City & State		3a. State of Formation VA	
Zip		4. FEI Number 54-1867501	
Country		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		5. Date of Last Report 04/29/1998	
Country		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
WEEKS, LEWIS E 2 ALSTON ROAD PALM BEACH GARDENS FL 33418		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required for Appointment)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WEEKS, LEWIS E	2 ALSTON ROAD	PALM BEACH GARDENS F
MGRM	WEEKS, MARION C	2 ALSTON ROAD	PALM BEACH GARDENS F
MGRM	ESTEY, MARGARET L	2 ALSTON ROAD	PALM BEACH GARDENS F
00000028481301-- -04/22/99--01102--023 ****188.75 ****188.75 4-19-99			
11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>Lewis E Weeks</i>		4/13/99 5616942633	
SIGNATURE: ADD TYPE OR PRINTED NAME OF SIGNER BASED UPON MEMBER STATUS			