
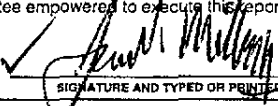


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000551 1. Entity Name WEAVER'S CORNER, LTD.					
Principal Place of Business C/O JAMES V. MALLOWAY P.O. BOX 7388 WEST PALM BEACH, FL 33405			Mailing Address C/O JAMES V. MALLOWAY P.O. BOX 7388 WEST PALM BEACH, FL 33405		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1774288	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FULLER, ALLEN D ESQ. 201 ALHAMBRA CIRCLE, SUITE 602 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$100.00			10. Amount of Capital Contributions in FLORIDA to date.		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L01000005970		STREET ADDRESS		
NAME	WEAVER'S CORNER, LLC		CITY-ST-ZIP		
STREET ADDRESS	P.O. BOX 7388		CITY-ST-ZIP		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			Date: 4/21/05 (561) 586 8182		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



01222005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-1774288

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

FULLER, ALLEN D ESQ.
 201 ALHAMBRA CIRCLE, SUITE 602
 CORAL GABLES, FL 33134

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$100.00** 10. Amount of Capital Contributions in FLORIDA to date.

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 05/05/05-80149-001 141.25

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4/21/05** (561) 586 8182 Daytime Phone #

STAPLE CHECK HERE