




2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90223 047 ****50.00

DOCUMENT # L00000005918 1. Entity Name WEAVER FLORIDA, L.C.					
Principal Place of Business 13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER PENSACOLA, FL 32507			Mailing Address 13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER PENSACOLA, FL 32507		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 200 Broad St., 3rd Floor Suite, Apt. #, etc. Suite B City & State Gadsden, Alabama Zip Country 35901-3714 USA			
		02232004 Chg-LLC CR2E083 (10/03)		4. FEI Number 62-1821995	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEAVER, JOHN 13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JOHN 13599 PERDIDO KEY DRIVE, UNIT T-12A PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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:  3/8/04 ✓					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					