## 2005 LIMITED LIABILITY COMPANY

## **FILED** Anr 23, 2005 08:00 AM

ANNUAL REPORT				Apr 23, 2005 08:00 A	
DOCU	MENT # L00000005	918		Secre	etary of State
1. Entity Nam	ne				
WEAVER	R FLORIDA, L.C.	• • •			
Principal Plac	e of Business	Mailing Address		1	
	DIDO KEY DRIVE, UNIT T-12A	200 BROAD ST 3RD ST			
BEACH COLO PENSACOLA		GADSDEN, AL 35901-3714			
i					
		· ·		02212005 No Chg-LLC	CR2E083 (10/03)
i n	O NOT WRITE	IN THIS SPA	CE		
•			<b>-</b>	4. FEI Number 62-1821995	Applied For Not Applicable
			:		\$5.00 Additional
<del></del>	6. Name and Address of Current F	Indiateur Carri			Fee Required
	o, Name and Address of Current P	agistereu Agent		pri manili ve	23. (Annual V. A. Annual V. An
WEAVER, JOHN 13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER				DO NOT WR	ITE
PENSACOLA, FL 32507				IN THIS SPA	CE
8. The above	named entity submits this statement for	the purpose of changing its register	ed office or register	red agent, or both, in the State of Florida	. I am familiar with, and accept
the obligat	tions of registered agent.	-* ·		of the state of t	
SIGNATURE.	Signature, typed or printed name of registered agent a	a Wilde Name Coak to	- 1 1		DAYE
	Signature, typed or printed name or registered agent a	no tive if applicable. (NOTE Hegisters	d Agent signature required	<del></del>	DATE TO TO TO
F	iling Fee is \$50.00 ue by May 1, 2005			- U0000032 04/23/05-80	06206 1051-002 50.00
-	ue by may 1, 2005			المراهى يعير المعارضي والمراهد والمراعد والمراهد والمراعد والمراهد والم والمراهد والمراهد والمراهد والمراهد والمراهد وال	. ಹಾಗಾಗಿ ಪ್ರಭಾವಿಗೆ ಪ್ರಭಾವಿ ಪ್ರಕರ್ಣಿ
9.	MANAGING MEMBE	RS/MANAGERS			
title Name	MGRM WEAVER, JOHN				
STREET ADDRESS	13599 PERDIDO KEY DRIVE, UN	IIT T-12A	1		
CITY-ST-ZIP	PENSACOLA, FL 32507		ł		
TITLE					
NAME	}		}		
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TITLE		<del> </del>	l		
name Name		•			
STREET ADDRESS					

11. I hereby certify that the information supplied with this filting/loces 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 reserver or trustee empoyered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

14-15-05 256492-436 Date Dayline Proce 8