2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000005918

1. Entity Name WEAVER FLORIDA, L.C.



Apr 03, 2006 08:00 AM Secretary of State

Principal Place of Business

13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER PENSACOLA, FL 32507

Mailing Address

200 BROAD ST 3RD ST GADSDEN, AL 35901-3714



FILED

01172006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 62-1821995

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WEAVER, JOHN 13599 PERDIDO KEY DRIVE, UNIT T-12A BEACH COLONY TOWER PENSACOLA, FL 32507

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The above named entity submits this statement for the purpose of changi	ing its registered affice or registered agent, or both, in the	State of Florida. I am familiar with, and accept
the obligations of registered agent.		
• •		
SIGNATURE	•	
Signature, typed or ordined name of retritlered goest and title it explicable	INCITE Registered Ament signature required when reinstations	CATE

Filing Fee is \$50.00 Due by May 1, 2008

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM WEAVER, JOHN 13599 PERDIDO KEY DRIVE, UNIT T-12A PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Tirle Name Street address City-St-zip		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET AODRESS GITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	perify that the information symplical with this filling does not qualify for the ex-	

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I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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: