

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 18, 2007 08:00 AM  
Secretary of State

DOCUMENT # L01000005970

1. Entity Name  
WEAVER'S CORNER, LLC



Principal Place of Business

P.O. BOX 7388  
C/O JAMES V. MALLOWAY  
WEST PALM BEACH, FL 33405

Mailing Address

P.O. BOX 7388  
C/O JAMES V. MALLOWAY  
WEST PALM BEACH, FL 33405



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1095371

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALLOWAY PROPERTIES, INC. PO BOX 7388 WEST PALM BEACH, FL 33405
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000000590855  
01/18/07-90073-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: ✓

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

Date

Daytime Phone #