2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018952

1. Entity Name
BIG DADDY WEAVE, LLC

Principal Place of Business	Mailing Address
3228 LAUREL STREET GULF BREEZE, FL 32563	3228 LAUREL STREET GULF BREEZE, FL 32563

DO NOT WRITE IN THIS SPACE

03282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
56-2315174
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, PATRICIA B
3228 LAUREL ST
GULF BREEZE, FL 32563

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000516650
04/23/06-80236-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WEAVER, MICHAEL D
STREET ADDRESS	3228 LAUREL STREET
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	MGRM
NAME	WEAVER, JASON K
STREET ADDRESS	3228 LAUREL STREET
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000531561
05/05/06-80049-002 50.00

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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: x Patricia B Weaver Patricia B Weaver 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Office Manager