

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025605

FILED
Aug 03, 2006
Secretary of State

Entity Name: WEAVER PROPERTIES, LLC

Current Principal Place of Business:

6457 HIGHWAY 90 WEST
MILTON, FL 32570

New Principal Place of Business:

5449 TIMBERCREEK CIRCLE
PACE, FL 32571

Current Mailing Address:

6457 HIGHWAY 90 WEST
MILTON, FL 32570

New Mailing Address:

5449 TIMBERCREEK CIR
PACE, FL 32571

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WHIBBS, SUZANNE N
105 E. GREGORY SQUARE
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEAVER, RODNEY
Address: 9701 CHUMUCKLA SPRINGS ROAD
City-St-Zip: JAY, FL 32565

Title: MGRM () Delete
Name: WEAVER, ANNA
Address: 9701 CHUMUCKLA SPRINGS ROAD
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEAVER, RODNEY
Address: 5449 TIMBERCREEK CIRCLE
City-St-Zip: PACE, FL 32571

Title: MGRM (X) Change () Addition
Name: WEAVER, ANNA
Address: 5449 TIMBERCREEK CIRCLE
City-St-Zip: PACE, FL 32571

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNA WEAVER

MRS.

08/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date