## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L05000105412** 

1. Entity Name

PETÉ WEAVER CONSTRUCTION LLC



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

2712 LYNNHURST STREET SARASOTA, FL 34239 US Mailing Address

2712 LYNNHURST STREET SARASOTA, FL 34239 US



04092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3704776		Applied For Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WEAVER, PETER B 2712 LYNNHURST STREET SARASOTA, FL 34239

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	e required when reinstating) DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			000000908186 05/06/08-80020-005 138.75		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, PETER B 2712 LYNNHURST STREET SARASOTA, FL 34239				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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.

NAIUKE:	- Jul		uanen		
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SIGNATUR	E AND TYPED OR PRINT!	ED NAME OF SIGN	ING MANAGING MEMBE	R, OR AUTHORIZED	REPRESENTATIVE

Dit 3 11/

4-17-08

941-993-0546

Daylime Phone #