

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026109

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** R ALAN WEAVER, ET AL PTR, LLC

**Current Principal Place of Business:**

121 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 635  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

FEI Number: 59-3449733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEAVER, RICHARD A  
121 WALLACE ROAD  
NEW SMYRNA BEACH, FL 32168 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  
Name: WEAVER, R ALAN  
Address: 2217 SWOOPE DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: WEAVER, DAVID G  
Address: 950 CORBIN PARK ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM  
Name: WEAVER, ROBERT B  
Address: 3620 LETTUCE LANE  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby 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: R ALAN WEAVER

MGRM

01/24/2012

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