2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000033149

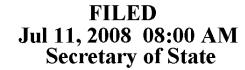
1. Entity Name

WEAVER AND KILPATRICK LAW FIRM, LLC

Principal Place of Business

Mailing Address

8285 NAVARRE PARKWAY NAVARRE, FL 32566 US 8285 NAVARRE PARKWAY NAVARRE, FL 32566 US





07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4599164

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

3336 336

6. Name and Address of Current Registered Agent

WEAVER, TIMOTHY A 8285 NAVARRE PARKWAY NAVARRE, FL 32566

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8.	3. 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

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MGRM WEAVER, TIMOTHY A 1673 HWY 98 W. MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRGM KILPATRICK, D. KEITH 2865 WINNERS CIRCLE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: YUNG thy brulever

July 9,2008 (850) 939-5299

IGNATURE AND TYPED OR PRINTED A ME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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