

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000033149

1. Entity Name
WEAVER AND KILPATRICK LAW FIRM, LLC



Principal Place of Business
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 US

Mailing Address
8285 NAVARRE PARKWAY
NAVARRE, FL 32566 US

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4599164

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, TIMOTHY A
8285 NAVARRE PARKWAY
NAVARRE, FL 32566

**DO NOT WRITE
IN THIS SPACE**

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)

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000954194
07/11/08-80004-004 143.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

July 9, 2008 (850) 939-5299

Date

Daytime Phone #