FILED

2003 AUG 13 PM 2:13

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014544

1. Entity Name
MAVERICK PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
300 GARDEN LANE SARASOTA, FL 34242	300 GARDEN LANE SARASOTA, FL 34242 PO Box 5307 Sarasota FL 34277

2. Principal Place of Business	3. Mailing Address
300 Garden Ln	P O Box 5307
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34242 Country: USA	Zip: 34277 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1132029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAPIRO, ELAINE P 149 BIG PASS LANE SARASOTA, FL 34242	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

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: Elaine Shapiro — Elaine Shapiro — 7/2/03
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHAPIRO, ELAINE P 149 BIG PASS LANE SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	New PO Box 5307 Sarasota, FL 34277	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800022315303 06/11/03--01063--002 **25.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800022315303 08/14/03--01039--007 **25.00	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elaine Shapiro — 7/2/03 — 941.926.3896
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #