

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000188687

**Entity Name:** MAVERICK TRAILS OF JACKSONVILLE, PHASE TWO, LLC**Current Principal Place of Business:**3856 OAKTON ST  
SKOKIE, IL 60076**Current Mailing Address:**3856 OAKTON ST  
SKOKIE, IL 60076**FEI Number:** 47-2566764**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAM J DEAS, P.A.  
2215 RIVER BLVD  
JACKSONVILLE, FL 32204 US*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

**Authorized Person(s) Detail :**

Title	MEM	Title	MEM
Name	CAGAN, JEFFREY	Name	DRIEHAUS, RICHARD H
Address	3856 OAKTON ST	Address	3856 OAKTON ST
City-State-Zip:	SKOKIE IL 60076	City-State-Zip:	SKOKIE IL 60076
Title	MEM	Title	MEM
Name	MOYER, ROBERT F	Name	WALLACE, DIANE
Address	3856 OAKTON ST	Address	3856 OAKTON ST
City-State-Zip:	SKOKIE IL 60076	City-State-Zip:	SKOKIE IL 60076
Title	MEM	Title	MGR
Name	CHARLES H WINKLER.REVOCABLE TRUST	Name	CAGAN, JEFFREY
Address	3856 OAKTON ST	Address	3856 OAKTON ST
City-State-Zip:	SKOKIE IL 60076	City-State-Zip:	SKOKIE IL 60076

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEFFREY CAGAN

MBR

03/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date