

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A04000000644

1. Entity Name
MAVERICK FIVE LIMITED PARTNERSHIP



Principal Place of Business
1225 ROLLING WOODS LANE
LAKELAND, FL 33813

Mailing Address
1225 ROLLING WOODS LANE
LAKELAND, FL 33813



04032008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1241195

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUTHVEN, JOE L
1225 ROLLING WOODS LANE
LAKELAND, FL 33813

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

Joe L. Ruthven
Signature, typed or printed name of registered agent and title if applicable

Apr 4 2008
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RUTHVEN, JOE L
1225 ROLLING WOODS LANE
LAKELAND, FL 33813

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
RUTHVEN, KAREN
1225 ROLLING WOODS LANE
LAKELAND, FL 33813

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000884138
04/17/08-80032-001 500.00

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IN THIS SPACE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Joe L. Ruthven
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/08
DATE
863-607-4851
DAYTIME PHONE #

STAPLE CHECK HERE