

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000009863

1. Entity Name
MAVERICK REAL ESTATE PARTNERS, LLC



Principal Place of Business

**200 1ST AVENUE NORTH, SUITE 203
ST. PETERSBURG, FL 33701**

Mailing Address

**200 1ST AVENUE NORTH, SUITE 203
ST. PETERSBURG, FL 33701**



06302004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3726010

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FINK, DAVID R
200 1ST AVENUE NORTH, SUITE 203
ST. PETERSBURG, FL 33701**

**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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINK, DAVID R
200 1ST AVENUE NORTH, SUITE 203
ST. PETERSBURG, FL 33701**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERG, JEFFREY A
200 1ST AVENUE NORTH, SUITE 203
ST. PETERSBURG, FL 33701**

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

000000163040
07/02/04-80001-022 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

David R. Fink

6/30/04

Date

727-898-9300

Daytime Phone #