



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L01000009863</b> 1. Entity Name <b>MAVERICK REAL ESTATE PARTNERS, LLC</b>	
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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
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**DO NOT WRITE IN THIS SPACE**



03142007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3726010</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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 May 1, 2007**

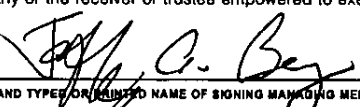
9. MANAGING MEMBERS/MANAGERS

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
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03/27/07-80048-010 50.00

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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 606, Florida Statutes.

**SIGNATURE:**  **3/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #