

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000048731

1. Entity Name

MAVERICK INVESTMENT PROPERTIES, LLC



Principal Place of Business

2661 N.E. 12TH STREET
POMPANO BEACH FL 33062

Mailing Address

2661 N.E. 12TH STREET
POMPANO BEACH FL 33062



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-2588549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIE, MITCHELL J
2661 N.E. 12TH STREET
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent's signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
NAME **DAVIE, MITCHELL J**
STREET ADDRESS **2661 N.E. 12TH STREET**
CITY- ST- ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
U000000903845
04/30/08-80062-007 138.75

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 808, Florida Statutes.

SIGNATURE:

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

MITCHELL J. DAVIE 4-14-08 1-888-746-9123

Date Daytime Phone #