

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097459

Entity Name: MAVERICK TRILOGIES, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

439 MIRA BAY BLVD.
APOLLO BEACH, FL 33572 US

New Principal Place of Business:

9502 N FLORIDA AVE
TAMPA, FL 33612 US

Current Mailing Address:

439 MIRA BAY BLVD.
APOLLO BEACH, FL 33572 US

New Mailing Address:

9502 N FLORIDA AVE
TAMPA, FL 33612 US

FEI Number: 20-3564758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROSS LAW FIRM, P.A.
1801 PEPPER TREE DR.
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARNES, MICHELE M
Address: 439 MIRA BAY BLVD.
City-St-Zip: APOLLO BEACH, FL 33527 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARNES, MICHELE M
Address: 9502 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHELE M BARNES

MGR

04/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date