


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000097459</b> 1. Entity Name <b>MAVERICK TRILOGIES, LLC</b>	
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Principal Place of Business <b>9502 N FLORIDA AVE TAMPA, FL 33612 US</b>	Mailing Address <b>9502 N FLORIDA AVE TAMPA, FL 33612 US</b>
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3564758</b>	Applied For 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  <b>STROSS LAW FIRM, P.A. 1801 PEPPER TREE DR. OLDSMAR, FL 34677</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARNES, MICHELE M 9502 N FLORIDA AVE TAMPA, FL 33612</b>
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03/08/07-80012-021 50.00

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 608, Florida Statutes.

<b>SIGNATURE:</b>  <b>MICHELE M. BARNES</b>	<b>01-25-07</b> Date	<b>813-933-1476</b> Daytime Phone #
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