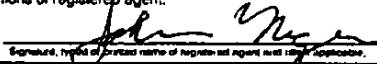
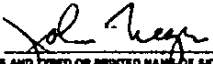


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 11, 2006 8:00 am
Secretary of State

05-08-2006 90041 014 ****50.00

DOCUMENT # L05000123388			
1. Entity Name MAVERICK II, LLC			
Principal Place of Business 7564 BELLA VERDE WAY DELRAY BEACH FL 33446		Mailing Address 7564 BELLA VERDE WAY DELRAY BEACH FL 33446	
2. Principal Place of Business 2518 NW Boca Raton Blvd		3. Mailing Address 2518 NW Boca Raton Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33431		Zip 33431	
Country USA		Country USA	
4. FEI Number 20-4149802		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINSTEIN, MURRAY 7564 BELLA VERDE WAY DELRAY BEACH FL 33446		7. Name and Address of New Registered Agent Name JOHN NEGRI Street Address (P.O. Box Number is Not Acceptable) 2518 NW Boca Raton Blvd City Boca Raton FL Zip Code 33431	
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  DATE 6/14/06 (NOTE: Registered Agent signature required when transferring)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2008			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOHN NEGRI MEMBER 8945 VALL TALLA DRIVE DELRAY BEACH, FL 33446	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 608, Florida Statutes.			
SIGNATURE: 		Date: 6/14/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	