2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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1. Entity Name

MAVERICK II, LLC

Principal Place of Business	Mailing Address
7564 BELLA VERDE WAY DELRAY BEACH FL 33446	7564 BELLA VERDE WAY DELRAY BEACH FL 33446

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
2518 NW BOCA RATON BLVD	2518 NW BOCA RATON BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33431 Country: USA	Zip: 33431 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: [signature] DATE: 6/14/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR JOHN NEGRI 8905 VALLTALLA DRIVE DELRAY BEACH, FL 33446	☐ 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
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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: [signature] Date: 4/?/2006 Daytime Phone #

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