

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000074110

1. Entity Name  
TK MAVERICK PARTNERS LLC



Principal Place of Business  
95 FOREST AVENUE  
LOCUST VALLEY, NY 11560

Mailing Address  
95 FOREST AVENUE  
LOCUST VALLEY, NY 11560



01172008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5533238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LLOYD GRANET, P.A.  
2295 NW CORPORATE BLVD. STE. 235  
BOCA RATON, FL 33431-7330

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
KEOGH, TERRI  
95 FOREST AVE  
LOCUST VALLEY, NY 11560

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

U00000790899  
01/23/08-80051-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

1/16/08

Date

516-656-3100

Daytime Phone #