

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 015 \*\*\*138.75

<b>DOCUMENT # L04000006377</b>	
1. Entity Name <b>AMERIMAX INVESTMENTS, LLC</b>	

Principal Place of Business <b>3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065</b>	Mailing Address <b>12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071</b>
--	---

**50004636**



2. Principal Place of Business - No P.O. Box # <b>2855 N. UNIVERSITY DR.</b>	3. Mailing Address <b>2855 N. UNIVERSITY DR</b>
Suite, Apt. #, etc. <b>SUITE 600</b>	Suite, Apt. #, etc. <b>SUITE 600</b>
City & State <b>CORAL SPRINGS, FL</b>	City & State <b>CORAL SPRINGS, FL</b>
Zip <b>33065</b>	Zip <b>33065</b>
Country <b>USA</b>	Country <b>USA</b>

01292008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>MILLER &amp; WECHSLER, LLC 3300 UNIVERSITY DR #803 CORAL SPRINGS, FL 33065</b>	
--	--

7. Name and Address of New Registered Agent <b>MANIAR, MILLER, WECHSLER, LLC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2855 N. UNIVERSITY DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 600</b>	
City <b>Coral Springs</b>	Zip Code <b>FL 33065</b>

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 <i>[Signature]</i>	DATE <b>4-15-08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J <del>3300 UNIVERSITY DR SUITE 803</del> <del>CORAL SPRINGS, FL 33065</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2855 N. UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS, FL 33065</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>[Signature]</i>	DATE <b>4-15-08</b> DAYTIME PHONE # <b>954-341-4565</b>