
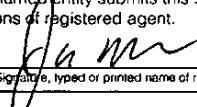



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90262 049 \*\*\*\*50.00

<b>DOCUMENT # L04000061400</b> 1. Entity Name <b>AMERIMAX HERON BAY, LLC</b>			
Principal Place of Business <b>12514 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071</b>		Mailing Address <b>12514 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business <b>5930 Coral Ridge Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>12432 W. Atlantic Blvd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs, FL</b> Zip <b>33076</b> Country		City & State <b>Coral Springs, FL</b> Zip <b>33071</b> Country	
4. FEI Number <b>76-0765058</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		02212006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>HRAWG CORP 1801 N MILITARY TRAIL, SUITE 200 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>Miller &amp; Wechsler, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>3300 University Dr., #803</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>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 		<b>Jack C. Miller, CPA</b> <b>3/15/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>		<b>10. ADDITIONS / CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SPIEGEL, BARRY J 12432 WEST ATLANTIC BLVD CORAL SPRINGS, FL 33071</b> <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
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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.			
<b>SIGNATURE:</b> 		<b>Barry J. Spiegel</b> <b>3/15/06</b> <b>954-340-3606</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	