


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90155 011 \*\*\*138.75

DOCUMENT # L04000061400	
1. Entity Name AMERIMAX HERON BAY, LLC	

Principal Place of Business 5930 CORAL RIDGE DR CORAL SPRINGS, FL 33076	Mailing Address 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065
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50004649



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

01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0765058	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MILLER & WECHSLER, LLC 3300 UNIVERSITY DR #803 CORAL SPRINGS, FL 33065	
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7. Name and Address of New Registered Agent Name: Maniar, Miller & Wechsler, LLC Street Address (P.O. Box Number is Not Acceptable) 2855 N. UNIVERSITY DRIVE Suite 600 City: Coral Springs FL Zip Code: 33065	
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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: Barry J Spiegel DATE: 4-15-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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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> CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2855 N. University Drive SUITE 600 CORAL SPRINGS, FL 33065 <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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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: Barry J Spiegel DATE: 4-15-08 DAYTIME PHONE: 954-341-4565  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE