



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-23-2006 90261 004 ****50.00

DOCUMENT # L04000073650					
1. Entity Name AMERIMAX DAVIE, LLC					
Principal Place of Business 12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071			Mailing Address 12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071		
2. Principal Place of Business 3280 Davie Blvd. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Fort Lauderdale, FL		City & State		4. FEI Number 20-1787057	
Zip 33312		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMES B. LYON, P.A. 3300 UNIVERSITY DRIVE SUITE 802 CORAL SPRINGS, FL 33065			7. Name and Address of New Registered Agent Name: Miller & Wechsler, LLC Street Address (P.O. Box Number is Not Acceptable): 3300 University Dr., # 803 City: Coral Springs FL Zip Code: 33065		
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: <u>Jack C. Miller, CPA</u> DATE: <u>3/15/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J 12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL	<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.					
SIGNATURE: <u>Barry J. Spiegel</u> <u>Barry J. Spiegel</u> <u>3/15/06</u> <u>954-340-3606</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					