
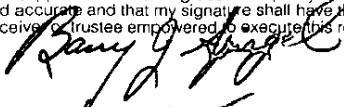


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90041 038 \*\*\*\*50.00

<b>DOCUMENT # L04000079649</b> 1. Entity Name <b>AMERIMAX DANIA BAKERY, LLC</b>			
Principal Place of Business <b>12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071</b>		Mailing Address <b>12432 WEST ATLANTIC BLVD. CORAL SPRINGS, FL 33071</b>	
2. Principal Place of Business - No P.O. Box # <b>3300 UNIVERSITY DR Suite, Apt. #, etc. #803</b>		3. Mailing Address <b>3300 UNIVERSITY DR Suite, Apt. #, etc. #803</b>	
City & State <b>CORAL SPRINGS FL</b> Zip Country <b>33065</b>		City & State <b>CORAL SPRINGS FL</b> Zip Country <b>33065</b>	
4. FEI Number <b>86-1119504</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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>4/11/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	<b>3300 UNIVERSITY DR #803 CORAL SPRINGS FL 33065</b> <input checked="" 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>4/11/07</b> <b>954-341-4565</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	

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01312007 Chg-LLC CR2E083 (12/06)