


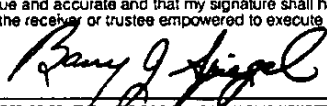


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-23-2006 90261 003 ****50.00
FILED L05000006356

2006 APR 13 PM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000006356 1. Entity Name AMERIMAX PLANTATION, LLC					
Principal Place of Business 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071 US			Mailing Address 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business 377 N. State Rd. 7, #102 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Plantation, FL Zip 33317 Country		City & State Zip Country		02212006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2213325				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LYON, JAMES B ESQ. 3300 UNIVERSITY DRIVE 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jack C. Miller, CPA <small>(NOTE: Registered Agent signature required when reinstating)</small>		3/15/06 <small>DATE</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 SIEGEL, BARRY J 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		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	
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: 		Barry J. Siegel 3/15/06 954-340-3606 <small>Daytime Phone #</small>			