

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90123 032 \*\*\*138.75

<b>DOCUMENT # L05000062132</b>					
<b>1. Entity Name</b> AMERIMAX SUNRISE REALTY, LLC					
<b>Principal Place of Business</b> 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065 US			<b>Mailing Address</b> <del>3300 UNIVERSITY DR</del> <del>SUITE 803</del> CORAL SPRINGS, FL 33065 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2855 N. UNIVERSITY DR.		<b>3. Mailing Address</b> 2855 N. UNIVERSITY DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 600			
City & State		City & State CORAL SPRINGS, FL		<b>4. FEI Number</b> 20-3067646	
Zip		Zip 33065		Country USA	
<b>6. Name and Address of Current Registered Agent</b> MILLER & WECHSLER, LLC <del>3300 UNIVERSITY DRIVE</del> <del>SUITE 802</del> <del>CORAL SPRINGS, FL 33065</del>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (R.O. Box Number is Not Acceptable) 2855 N. UNIVERSITY DRIVE SUITE 600 City CORAL SPRINGS FL Zip Code 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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/21/08 <small>NOT: Registered Agent signature required when reinstating</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>SPIEGEL, BARRY J</del> <del>3300 UNIVERSITY DR SUITE 803</del> <del>CORAL SPRINGS, FL 33065</del>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J 2855 N. UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J 2855 N. UNIVERSITY DRIVE SUITE 600 CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 4/21/08 954-341-4565 <small>Daytime Phone #</small>		