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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2006 APR 13 PM 9: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000063755

1. Entity Name
AMERIMAX UNIVERSITY, LLC

Principal Place of Business	Mailing Address
12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071 US	12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071 US

02212006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
9515 Westview Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs	City & State:
Zip: 33076 Country:	Zip: Country:

4. FEI Number: 20-3379216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYON, JAMES B ESQ. 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS, FL 33065	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: [signature] Jack C. Miller, CPA 3/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Barry J. Spiegel 3/15/06 954-340-3606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #