

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2007 90041 034 \*\*\*\*50.00

<b>DOCUMENT # L05000063755</b>					
<b>1. Entity Name</b> AMERIMAX UNIVERSITY, LLC					
<b>Principal Place of Business</b> 9515 WESTVIEW DR. BOULEVARD CORAL SPRINGS, FL 33076 US			<b>Mailing Address</b> 9515 WESTVIEW DR. BOULEVARD CORAL SPRINGS, FL 33076 US		
<b>2. Principal Place of Business - No P.O. Box #</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3300 UNIVERSITY DR #803 City & State: CORAL SPRINGS FL Zip: 33065 Country: USA			
City & State		City & State		<b>4. FEI Number</b> 20-3379216	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MILLER & WECHSLER, LLC 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City		
State: FL Zip Code			State: FL Zip Code		
<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:  JACK C MILLER, CPA DATE: 4/11/07					
<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	MGRM SPIEGEL, BARRY J 12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3300 UNIVERSITY DR #803 CORAL SPRINGS FL 33065
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
<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:  BARRY J SPIEGEL DATE: 4/11/07 954-341-4565					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					