


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 007 \*\*\*138.75

<b>DOCUMENT # L05000063755</b>	
1. Entity Name <b>AMERIMAX UNIVERSITY, LLC</b>	

Principal Place of Business <b>9515 WESTVIEW DR. <del>BENTLEY</del> CORAL SPRINGS, FL 33076 US</b>	Mailing Address <b>3300 UNIVERSITY DR. <del>SUITE 803</del> CORAL SPRINGS, FL 33065 US</b>
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**50004644**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2855 N. UNIVERSITY DR.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 600</b>	
City & State		City & State <b>CORAL SPRINGS, FL</b>	
Zip	Country	Zip	Country
		<b>33065</b>	<b>USA</b>

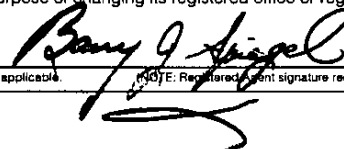
01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3379216</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MILLER &amp; WECHSLER, LLC 3300 UNIVERSITY DRIVE 802 CORAL SPRINGS, FL 33065</b>	
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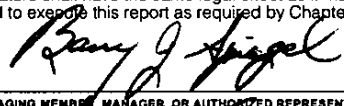
7. Name and Address of New Registered Agent Name <b>Maniak, Miller, Wechsler, CPA's</b> Street Address (P.O. Box Number is Not Acceptable) <b>2855 N. UNIVERSITY DR.</b> <b>SUITE 600</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33065</b>	
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8. The above 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, typed or printed name of registered agent and title if applicable.	DATE <b>4/15/08</b> Date

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SPIEGEL, BARRY J 3300 UNIVERSITY DR SUITE 803 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2855 N. UNIVERSITY DRIVE SUITE 600 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
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.

<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <b>4/15/08</b> Date	Daytime Phone # <b>954-341-4565</b> Daytime Phone #
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