Sent By: AMERIMAX INVESTMENTS; 9543414535; Jul-6-07 11:38AM; Page 2/4

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000018163

1. Entity Name
AMERIMAX CORAL SPRINGS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL -6 PM 3:28

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

04/18/07 90031 005 $50.00
01312007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4685 STATE RD 7	3300 UNIVERSITY DR
Suite, Apt. #, etc	Suite, Apt. #, etc SUITE 803
City & State CORAL SPRINGS FL	City & State CORAL SPRINGS FL
Zip 33065 Country USA	Zip 33065 Country USA

4. FEI Number 20-4694245 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPCO, INC.
2699 S. BAYSHORE DRIVE, 7TH FLOOR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name JACK C MILLER
Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DR STE 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 4/11/07
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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME SPIEGEL, BARRY J STREET ADDRESS 3300 UNIVERSITY DR, STE 803 CITY-ST-ZIP CORAL SPRINGS FL 33065	☐ 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 4/11/07 954-341-4565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #