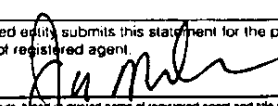
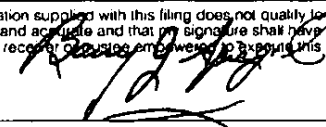


FILED
May 02, 2007 8:00 am
Secretary of State

04-18-2007 90031 009 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/1

DOCUMENT # L06000018184			
1. Entity Name AMERIMAX COCONUT CREEK, LLC			
Principal Place of Business 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071		Mailing Address 12432 W. ATLANTIC BLVD. CORAL SPRINGS, FL 33071	
2. Principal Place of Business - No P.O. Box # 6502 N. STATE Rd 7		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State COCONUT CREEK FL		City & State	
Zip 33073	Country	Zip	Country
4. FEI Number 20-4694322		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 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  JACK C. MILLER, CPA DATE 4/11/07 Signature, handwritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPIEGEL, BARRY J 3300 N UNIVERSITY DR #803 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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
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 record of ownership and consent to this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  BARRY J SPIEGEL 4/11/07 954-341-4565		Date Daytime Phone #	