FILED
May 02, 2007 8:00 am
Secretary of State
04-19-2007 90041 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000020374

1. Entity Name
AMERIMAX CORAL SPRINGS REALTY, LLC

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

01312007 Chg-LLC CR2E083 (12/06)

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

4. FEI Number: 20-4694081 ☐ 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: [signature] JACK C. MILLER, CPA DATE 4/11/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 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
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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 #