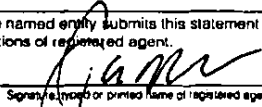
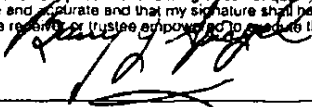


FILED
May 02, 2007 8:00 am
Secretary of State

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 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 # 3300 UNIVERSITY DR Suite, Apt. #, etc. # 803		3. Mailing Address 3300 UNIVERSITY DR Suite, Apt. #, etc. # 803	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33065	Country USA	Zip 33065	Country USA
6. Name and Address of Current Registered Agent CORPCO, INC. 2699 S. BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133		4. FEI Number 20-4694081	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent MILLER & WECHSLER, LLC		Applied For ☐ Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 3300 UNIVERSITY DR, # 803			
City CORAL SPRINGS		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, in ink or printed name of registered agent and also if applicable		JACK C. MILLER, CPA (NOTE: Registered Agent signature required when re-registering) DATE 4/11/07	
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 registered or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		BARRY J SPIEGEL 4/11/07 954-341-4565 Date Daytime Phone #	