
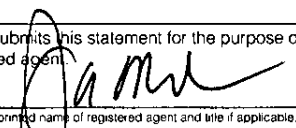
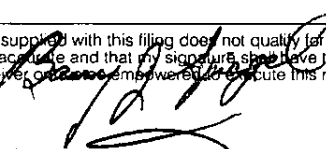


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90041 036 \*\*\*\*50.00

<b>DOCUMENT # L06000036708</b>					
<b>1. Entity Name</b> AMERIMAX SAMPLE REALTY, LLC					
<b>Principal Place of Business</b> 12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071			<b>Mailing Address</b> 12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071		
<b>2. Principal Place of Business - No P.O. Box #</b> 3300 UNIVERSITY DR Suite, Apt. #, etc. #803		<b>3. Mailing Address</b> 3300 UNIVERSITY DR Suite, Apt. #, etc. #803			
<b>City &amp; State</b> CORAL SPRINGS FL		<b>City &amp; State</b> CORAL SPRINGS FL		<b>4. FEI Number</b> 87-0767337	
<b>Zip</b> 33065		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LYON, JAMES B ESQUIRE 3300 UNIVERSITY DRIVE SUIT 802 CORAL SPRINGS, FL 33065			<b>7. Name and Address of New Registered Agent</b> Name: MILLER & WECHSLER, LLC Street Address (P.O. Box Number is Not Acceptable): 3300 UNIVERSITY DR #803 City: CORAL SPRINGS FL Zip Code: 33065		
<b>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.</b> SIGNATURE:  JACK C. MILLER, CPA 4/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIEGEL, BARRY J 12432 W. ATLANTIC BOULEVARD CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	3300 UNIVERSITY DR #803 CORAL SPRINGS FL 33065
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>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, and I am empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			BARRY J. SPIEGEL 4/11/07 954-341-4565 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		