
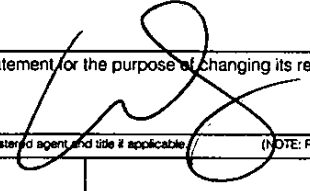
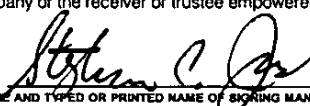


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90065 042 ****50.00

DOCUMENT # L04000056847					
1. Entity Name JOY HOLDINGS, LLC					
Principal Place of Business 1027 BUCHANAN STREET HOLLYWOOD, FL 33019			Mailing Address 1027 BUCHANAN STREET HOLLYWOOD, FL 33019		
2. Principal Place of Business 6905 CYPRESS LAKE CT.		3. Mailing Address ST. AUGUSTINE, FL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. AUGUSTINE FL.		City & State FL.		4. FEI Number NOT APPLICABLE	
Zip 32086		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THE LAW OFFICE OF NYDIA MENENDEZ, LLC 4925 SHERIDAN STREET SUITE 102 HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name The Law Office of Nydia Menendez, LLC Street Address (P.O. Box Number is Not Acceptable) 2699 Stirling Road Suite B-200 City Fort Lauderdale FL Zip Code 33312		
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/6/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOY, STEPHEN <input checked="" type="checkbox"/> Delete 1027 BUCHANAN STREET HOLLYWOOD, FL 33019		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOY, STEPHEN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6905 CYPRESS LAKE CT. <input type="checkbox"/> Delete ST. AUGUSTINE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32086 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  STEPHEN C. JOY			Date 1/20/06 (904) 347-4046 (954) 483-0222		