2007 LIMITED LIABILITY COMPANY

FILED Jan 29, 2007 08:00 AM

ANNUAL REPURI					Secretary of State				
DOCUMENT # L0400078364 1. Entity Name JOY TOWING, LAKE WORTH, LLC						Sec.	retary of S	otate	
Principal Place of Business Mailing Address 2712 PARK STREET 2712 PARK STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460)						
2. Principal Place of Business - No P.Ö. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01172007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numbe 20-1818		<u> </u>	plied For t Applicable	
Zip	Country Zip Cour		Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WYMAN, PATRICIA				Name Street Address (P.O. Box Number is Not Acceptable)					
115	AINS WALK		Sireet Address		O. BOX NUMBE	i is Not Acceptable	e) 		
DELRAY B	EACH, FL 33483		City		.		FL Zip Code	,	
8. The above	named entity submits this statement for	the purpose of changing its r		r registere	ed agent, or boti	h, in the State of FI			
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, typed or printed name of registered agent and site it applicable (NOTE Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2007							ce check payable to a Department of State	•	
9.	MANAGING MÉMBÉ	RS/MANAGÉRS	10.			ADDITION\$	/ČHANGES		
TITLE	MGR	☐ Delete	TATLE	601	NEK		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WYMAN, PATRICIA 300 CAPTAIN'S WALK, UNIT #115 DELRAY BEACH, FL 33483					000000 02/01/07	0608865 -80027-010 50	.00	
TALE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	**************************************				i i i i i i i i i i i i i i i i i i i	
IUIT.		☐ Defete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY+ST-ZIP			CITY-ST-ZIP						
TITLE NAME		☐ Delete	TITLE NAME				Ctrange	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS. City-St-Zip						
TITLE		☐ Delete	IITLE NAME				☐ Change	Addillon	
NAME STREET ADDRESS			STREET ADDRESS					ļ	
CITY-ST-ZIP		☐ Delete	CHY-ST-ZIP	·			☐ Change	☐ Addition	
TITLE NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip						
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.									
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SIGNATURE: 1-24-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE COME DAYSTOP PIXOR #									