



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095372 1. Entity Name JOY 2D MAX 1, LLC	
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Principal Place of Business 2050 S.W. 37TH STREET ROAD OCALA, FL 34474 US	Mailing Address 2050 S.W. 37TH STREET ROAD OCALA, FL 34474 US
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04122007 No Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3607677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent VOLTAIRE, MAX 2050 S.W. 37TH STREET ROAD OCALA, FL 34474

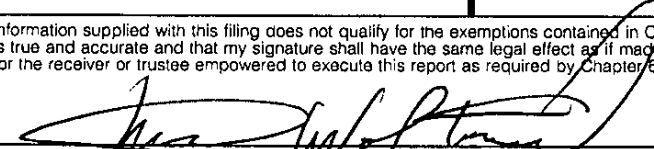
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOY 2D MAX, LLC 2050 S.W. 37TH STREET ROAD OCALA, FL 34474
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U00000713891 04/27/07-80002-005 50.00
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>4/13/07</u> <small>Date</small>