


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000096040</b> 1. Entity Name JOY 2D MAX 2, 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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04152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3607677	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  VOLTAIRE, MAX 2050 S.W. 37TH STREET ROAD OCALA, FL 34474
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<b>DO NOT WRITE IN THIS SPACE</b>
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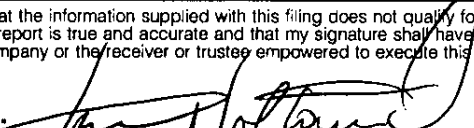
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U000000306638  
05/05/08-2008-012 138.75

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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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.		
<b>SIGNATURE:</b>  <b>MAX VOLTAIRE</b> <b>4-17-08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>