2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# L07000063657

Entity Name: MAX FUTURES LLC

Current Principal Place of Business:

608 SOUTH RIDE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

608 SOUTH RIDE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 26-0374258 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

JOSH SIMMONS
608 SOUTH RIDE
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: JOSH SIMMONS 04/15/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMMONS, JOSHUA R
Address: 608 SOUTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM ( ) Delete
Name: DRAPER, LONNIE M
Address: 565 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM ( ) Delete
Name: SHARPE, TOM
Address: 3514 MILTON AVE
City-St-Zip: DALLAS, TX 75205

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSHUA RANDALL SIMMONS MGRM 04/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date