2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat	
DOCU	MENT # L000000	00816		Sec	cretary of Stat
Entity Name JOSEPH CAPITAL MANAGEMENT, LLC					
JUSEPH	CAPITAL MANAGEMEN	1, LLO			
Principal Plac	ce of Business	Mailing Address			
2450 N. CIT HERNANDO,	RUS HILLS BLVD	2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442			
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Г	O NOT WRIT	E IN THIS SPA		02282005 No Chg-LLC	CR2E083 (10/03)
DO NOT WITH E IN THIS OF A				4. FEI Number 59-3657921	Applied For Not Applicable
				5. Certificate of Status DesIred	\$5.00 Additional Fee Required
	6. Name and Address of Curr	ent Registered Agent	Marie Company of the		7 CO I REQUIRED
RHOADES	S. RON A		Ì	DO NOT WE	NTC:
2450 NORTH CITRUS HILLS BLVD HERNANDO, FL 34442				DO NOT WR	
HERNANDO, FL 34442				IN THIS SPA	CE
			ļ		e ja Tarangan
	e named entity submits this statementions of registered agent.	nt for the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florid	a. I am familiar with, and accept
SIGNATURE.		- 	·		
	Signature, typed or printed name of registered as	and title if apolicable, (NOTE, Registere	d Agent signature required	when reinstating)	DATE
F	iling Fee is \$50.00 tue by May 1, 2005		- -	· · · · · · · · · · · · · · · · · · ·	
9.		MBERS/MANAGERS	ļ <u>" — — — — — — — — — — — — — — — — — — —</u>		
TITLE NAME	MGR CEPARANO, JOHN J				
STREET ADDRESS	7601 N FLORIDA AVE				
CITY-ST-ZIP	CITRUS SPRINGS, FL 34434 MGR	· · · · · · · · · · · · · · · · · · ·			مدة بيد مدة درين التي مدة مستحدة
TITLE NAME	TRINGALI, MICHAEL J		}	200000U 0-200 coun	84562 0010-004 50. 00
STREET ADDRESS	2450 N. CITRUS HILLS BLVD		Į	ט כטיגשמידט	00.00 TO.00
TITLE	HERNANDO, FL 34442	<u> </u>			
NAME	RHOADES, RON A		i.		
STREET ADDRESS CITY-ST-Z/P	2450 NORTH CITRUS HILLS	BLVD		DO NOT WE	RITE
TITLE	HERNANDO, FL 34442	<u> </u>			
NAME			ţ	IN THIS SPA	CE
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11. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), 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: John J. Ceparano signature and typed on printed name of signaha managing member, or authorized representative

CITY-ST-ZIP

3-1-05

7 46 - 1006 Daytime Phone #