


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L00000000816

1. Entity Name
JOSEPH CAPITAL MANAGEMENT, LLC



Principal Place of Business 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442	Mailing Address 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442
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DO NOT WRITE IN THIS SPACE



02282005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3657921	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

**RHOADES, RON A
 2450 NORTH CITRUS HILLS BLVD
 HERNANDO, FL 34442**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CEPARANO, JOHN J 7601 N FLORIDA AVE CITRUS SPRINGS, FL 34434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRINGALI, MICHAEL J 2450 N. CITRUS HILLS BLVD HERNANDO, FL 34442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RHOADES, RON A 2450 NORTH CITRUS HILLS BLVD HERNANDO, FL 34442
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 3-1-05 Dayside Phone #: 352 746-1006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE