

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 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



01092006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3657921

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CEPARANO, JOHN J
STREET ADDRESS	7601 N FLORIDA AVE
CITY- ST- ZIP	CITRUS SPRINGS, FL 34434
TITLE	MGR
NAME	TRINGALI, MICHAEL J
STREET ADDRESS	2450 N. CITRUS HILLS BLVD
CITY- ST- ZIP	HERNANDO, FL 34442
TITLE	MGR
NAME	RHOADES, RON A
STREET ADDRESS	2450 NORTH CITRUS HILLS BLVD
CITY- ST- ZIP	HERNANDO, FL 34442
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000448757  
03/09/06-80026-018 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

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

RON A. Rhoades 1/9/06 352-746-1006

Date

Daytime Phone #