

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

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

Date

Daytime Phone #