

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90005 042 ****50.00

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3657921**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **MGR**
STREET ADDRESS **CEPARANO, JOHN J**
CITY-ST-ZIP **7601 N FLORIDA AVE
CITRUS SPRINGS FL 34434**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR**
STREET ADDRESS **COX, ALVAH**
CITY-ST-ZIP **2450 N. CITRUS HILLS BLVD
HERNANDO FL 34442**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGR**
STREET ADDRESS **TRINGALI, MICHAEL J**
CITY-ST-ZIP **2450 N. CITRUS HILLS BLVD
CRYSTAL RIVER FL 34429**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Hernando, FL 34442**

TITLE Delete
NAME **MGR**
STREET ADDRESS **RHOADES, RON A**
CITY-ST-ZIP **2450 NORTH CITRUS HILLS BLVD
HERNANDO FL 34442**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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: *[Signature]* **RONA.** **RHOADES** **3/12/03** **352 746 1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0063997

CR2E083 (10/02)