


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056868	
1. Entity Name JOACLE LLC	

Principal Place of Business 31333 ST. JOE ROAD DADE CITY, FL 33525	Mailing Address P.O. BOX 994 SAN ANTONIO, FL 33576-0094
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01212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0471945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DILLARD, JAN B
14144 6TH ST.
DADE CITY, FL 33525

**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, 2005**

U00000270252
03/19/05-80043-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PETTERS, BERNARD C
STREET ADDRESS	2290 CHIMNEY WALK DR.
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	MGRM
NAME	PETTERS, TIMOTHY J
STREET ADDRESS	P.O. BOX 122
CITY-ST-ZIP	SAN ANTONIO, FL 335760122
TITLE	MGRM
NAME	DAVIDSON, SUSAN A
STREET ADDRESS	P.O. BOX 994
CITY-ST-ZIP	SAN ANTONIO, FL 335760094
TITLE	MGRM
NAME	PETTERS, DEAN P
STREET ADDRESS	161 EAST 199TH ST.
CITY-ST-ZIP	EUCLID, OH 44119
TITLE	MGRM
NAME	PETTERS, SAMUAL B
STREET ADDRESS	P.O. BOX 994
CITY-ST-ZIP	SAN ANTONIO, FL 335760994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Susan A. Davidson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

16 Mar 05 2543680313