


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 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**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>20-0471945</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000900675  
 04/29/08-80038-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTERS, BERNARD C 2145 LAUREL LAKE DR SUWANEE, GA 30024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTERS, TIMOTHY J P.O. BOX 122 SAN ANTONIO, FL 335760122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIDSON, SUSAN A P.O. BOX 994 SAN ANTONIO, FL 335760094
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTERS, DEAN P 161 EAST 199TH ST. EUCLID, OH 44119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETTERS, SAMUAL B P.O. BOX 994 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 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:** *Timothy J. Petters* *Managing Member*      *3 April 2008* (352)588-0667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #