

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047020

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: JOE'S CREEK HOLDINGS, LLC

**Current Principal Place of Business:**

6550 53 ST. N.  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

6550 53 ST. N.  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number: 20-1595446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HINES, JAMES P  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: TOCCALINO, GEORGE  
Address: 5652 BAYVIEW DRIVE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: VST ( ) Delete  
Name: MCVEY, JOHN W  
Address: 205 66TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TOCCALINO, GEORGE  
Address: 5652 BAYVIEW DRIVE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: MGR (X) Change ( ) Addition  
Name: MCVEY, JOHN W  
Address: 205 66TH STREET SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE TOCCALINO      MGRM      02/04/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date