

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90263 030 \*\*\*\*50.00

**DOCUMENT # L04000047057**



1. Entity Name  
**JOE'S CREEK HOLDINGS 7, LLC**

Principal Place of Business  
**6550 53 ST. N.  
ST. PETERSBURG, FL 33781**

Mailing Address  
**P.O. BOX 40693  
ST. PETERSBURG, FL 33781**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-1595896**

Applied For  
Not Applicable

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

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

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

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**

**-Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete  
NAME **TOCCALINO, GEORGE**  
STREET ADDRESS **5652 BAYVIEW DRIVE NORTH**  
CITY-ST-ZIP **SEMINOLE, FL 33772**

TITLE **ST** ☐ Delete  
NAME **MCVEY, JOHN W**  
STREET ADDRESS **205 66TH STREET SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG, FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** George Tocciano **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **3-21-06** Daytime Phone # **727-528-0178**