

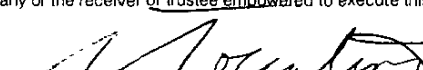


**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

40000417

<b>DOCUMENT # L04000047061</b>				<b>Secretary of State</b>	
1. Entity Name <b>JOE'S CREEK HOLDINGS 8, LLC</b>				02-26-2007 90311 001 ****50.00	
Principal Place of Business <b>6550 53 ST. N. ST. PETERSBURG, FL 33781</b>		Mailing Address <b>P.O. BOX 40693 ST. PETERSBURG, FL 33781</b>		<b>400003417</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02192007 Chg-LLC CR2E083 (12/06)	
City & State <b>Pineellas Park, FL</b>		City & State		4. FEI Number <b>20-1595916</b>	
Zip <b>33743</b>		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HINES, JAMES P 315 S. HYDE PARK AVENUE TAMPA, FL 33606</b>		7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City		<b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P TOCCALINO, GEORGE 5652 BAYVIEW DRIVE SEMINOLE, FL 33772</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS MCVEY, JOHN W 205 66TH STREET SOUTH SAINT PETERSBURG, FL 33707</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		<b>George Toccalino President 2-22-07 727-528-0178</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	