

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062644

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: JOSEPH, JOSEPH AND SON, LLC

**Current Principal Place of Business:**

4829 FOXSHIRE CIRCLE  
TAMPA, FL 33624

**New Principal Place of Business:**

**Current Mailing Address:**

4829 FOXSHIRE CIRCLE  
TAMPA, FL 33624

**New Mailing Address:**

FEI Number: 20-1531042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LODEN, SCOTT T  
1626 38TH AVENUE N  
ST PETERSBURG, FL 33713 US

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

LODEN, SCOTT T  
4601 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 US

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: SCOTT T LODEN

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JOSEPH, WAYNE R  
Address: 4829 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

Title: MGRM ( ) Delete  
Name: JOSEPH, GLENDA G  
Address: 4829 FOXSHIRE CIRCLE  
City-St-Zip: TAMPA, FL 33624

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WAYNE JOSEPH

MGRM

04/30/2007

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