



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90017 007 ***138.75

DOCUMENT # L06000069229 1. Entity Name JOSEPH COMMUNITY MANAGEMENT LLC					
Principal Place of Business 2450 N CITRUS HILLS BLVD HERNANDO, FL 34442 US			Mailing Address 1339 N CARNEVALE TER LECANTO, FL 34461 US		
2. Principal Place of Business - No P.O. Box # 2412 N. Essex Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2412 N. Essex Ave <small>Suite, Apt. #, etc.</small>			
City & State Hernando, FL		City & State Hernando, FL		4. FEI Number 20-5191794	
Zip 34442		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGH E PHILLIPS CPA, INC, MEMBER 1339 N CARNEVALE TER LECANTO, FL 34461				7. Name and Address of New Registered Agent Name: Hugh E Phillips CPA, Inc, Member Street Address (P.O. Box Number is Not Acceptable) 2412 N. Essex Ave City: Hernando FL Zip Code: 34442	
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: <i>[Signature]</i> 4/30/08 <small>Signature (Typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUGH E. PHILLIPS, CPA, INC. 1339 NORTH CARNEVALE TERRACE LECANTO, FL 34461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hugh E. Phillips, CPA, Inc. 2412 N. Essex Ave Hernando, FL 34442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> 4/30/08 352 527 1990 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					