


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000062313
 1. Entity Name
 HER OTHER HALF, LLC



Principal Place of Business C/O SUSI JENKINS 8235 SE 15TH CT OCALA, FL 34480	Mailing Address C/O SUSI JENKINS 8235 SE 15TH CT OCALA, FL 34480
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02132007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3110941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KIRKPATRICK, KENNETH 8235 SE 15TH CT OCALA, FL 34480
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 04/03/07-80006-022 50.00

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: *Kenneth B. Kirkpatrick* Kenneth B. Kirkpatrick 2/13/07 352/369-9881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #