


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90308 014 \*\*\*\*50.00

**DOCUMENT # L05000092640**

1. Entity Name  
**KERN, Bhide & Hall, LLC**



**60048540**



Principal Place of Business      Mailing Address  
 9143 PHILLIPS HIGHWAY      9143 PHILLIPS HIGHWAY  
 SUITE 540      SUITE 540  
 JACKSONVILLE, FL 32256 US      JACKSONVILLE, FL 32256 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**11512 Lake Mead Avenue**      **11512 Lake Mead Avenue**

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Building 100**      **Building 100**

04232007    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**Jacksonville, FL**      **Jacksonville, FL**

Zip      Country      Zip      Country  
**32256**      **Duval**      **32256**      **Duval**

4. FEI Number      Applied For  
**59-3315330**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEEKIN, MARK ESQ.**  
**4540 SOUTHSIDE BOULEVARD**  
**SUITE 702**  
**JACKSONVILLE, FL 32216**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

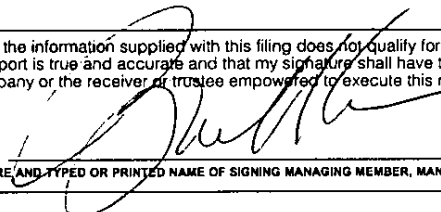
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERN, BRUCE 9143 PHILLIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11512 Lake Mead Avenue, Bldg. 100 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Bhide, VASANT 9143 PHILLIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11512 Lake Mead Avenue, Bldg. 100 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, WENDELL 9143 PHILLIPS HIGHWAY, SUITE 540 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11512 Lake Mead Avenue, Bldg. 100 Jacksonville, FL 32256
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:**       **5/1/07**      **363-9000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #