

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90025 018 \*\*\*138.75

60040014



01082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L07000035615</b> 1. Entity Name <b>KC BERNARD, LLC</b>					
Principal Place of Business <b>4081 S.W. 141ST AVENUE MIRAMAR, FL 33027</b>			Mailing Address <b>4081 S.W. 141ST AVENUE MIRAMAR, FL 33027</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 278950</b> Suite, Apt. #, etc.			
City & State Zip      Country		City & State <b>Miramar, FL</b> Zip      Country <b>33027      USA</b>		4. FEI Number <b>20-8798607</b>	
5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>BERNARD, KEITH C 4081 S.W. 141ST AVENUE MIRAMAR, FL 33027</b>			7. Name and Address of New Registered Agent 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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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>MGR BERNARD, KEITH C 4081 S.W. 141ST AVENUE MIRAMAR, FL 33027</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Bernard, Keith C 4081 SW 141 Ave Miramar, FL 33027</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE: Keith Bernard</b> <b>Keith Bernard</b> <b>4/1/08</b> <b>954 458 6014</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					