


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90214 027 ****50.00

DOCUMENT # L01000006778

1. Entity Name
LOCKLINE WARRANTY SERVICES OF FLORIDA, LLC



Principal Place of Business
**7400 STATE LINE ROAD
 PRAIRIE VILLAGE, KS 66208**

Mailing Address
**7400 STATE LINE ROAD
 PRAIRIE VILLAGE, KS 66208**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03252004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	LOCKTON, JOHN T III 444 W. 47TH STREET, SUITE 900 KANSAS CITY, MO 641121906 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE MGR	LOCKTON, DAVID M 444 W. 47TH STREET SUITE 900 KANSAS CITY, MO 641121906 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	Thomas A. McDonnell 333 W 11th Street, 5th Floor
CITY-ST-ZIP		CITY-ST-ZIP	Kansas City, MO 64105
TITLE NAME	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	Thomas A. McCullough 333 W 11th Street, 5th Floor
CITY-ST-ZIP		CITY-ST-ZIP	Kansas City, MO 64105
TITLE NAME	<input type="checkbox"/> Delete	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	Charles A. Laue 7400 State Line Road
CITY-ST-ZIP		CITY-ST-ZIP	Prairie Village, KS 66208
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas A. McDonnell* **Thomas A. McDonnell, Manager** **4/5/04** **(816) 435-8772**

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