2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 05, 2008 08:00 Al Secretary of State

ANNUAL REPURI	
DOCUMENT # M0600000617	

1. Entity Name 1364, L.L.C.

Principal Place of Business

6424 ENSLEY LN MISSION HILLS, KS 66208 Mailing Address

6424 ENSLEY LN MISSION HILLS, KS 66208



 \Box

01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4607499 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

		<u> </u>		
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				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000816986 02/14/08-80075-009 138.75	
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR SEVRA, RICHARD K 6424 ENSLEY LN MISSION HILLS, KS 66208			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN -	THIS SPACE	
TITLE			ļ	

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

JRE: MAN TYPED OR PRINTED NAME OF BIONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-1-08 913 385-3361

Daytime