

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR 23 AM 11:03

**DOCUMENT # A98000001184**

1. Entity Name  
**LASERSOFT AMERICAS LIMITED PARTNERSHIP**



Principal Place of Business  
**10525 NW AMBASSADOR DR  
SUITE 300  
KANSAS CITY, MO 64153**

Mailing Address  
**10525 NW AMBASSADOR DR  
SUITE 300  
KANSAS CITY, MO 64153**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 208**

Suite, Apt. #, etc.

**SUITE 208**

City & State

City & State

Zip

Country

Zip

Country

04112008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**43-1815212**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M98000000465**  
NAME **LASERSOFT MANAGEMENT, L.L.C.**  
STREET ADDRESS **10525 NW AMBASSADOR DRIVE**  
CITY-ST-ZIP **KANSAS CITY, MO 64116**

STREET ADDRESS

CITY-ST-ZIP

**700125023357**  
**04/22/08--01017--011 \*\*500.00**

DOCUMENT #  
NAME  
STREET ADDRESS  
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STREET ADDRESS

CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: **R MICHAEL REED**  
**R MICHAEL REED CFO**

**4-17-08**

**816-925-1856**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE