

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90183 022 ****50.00

DOCUMENT # L03000001597

1. Entity Name
ONLINE RESERVATIONS, LLC



Principal Place of Business
**301 DUCK ROAD
GRANDVIEW, MO 64030**

Mailing Address
~~**301 DUCK ROAD
GRANDVIEW, MO 64030**~~

2. Principal Place of Business

3. Mailing Address
c/o ProSource, LLC

Suite, Apt. #, etc.

Suite, Apt. #, etc.
8614 Quivira



01102005 Chg-LLC CR2E083 (10/03)

City & State

City & State
Lenexa, KS

4. FEI Number
74-3077681

Applied For
Not Applicable

Zip

Country

Zip
66215

Country

5. Certificate of Status Desired ☐ **\$5.00 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
JACOBS, NORMAN MGR
11700 PENNSYLVANIA AVE.
KANSAS CITY, MO 64030** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CLINE, ROBERT MGRM
336 BENT CREEK LANE
ORMOND BEACH, FL 32174** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Norman Jacobs, Gen'l Mgr., Jan. 10, 2005 913-859-9752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #