



2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90232 023 \*\*\*\*55.00

<b>DOCUMENT # L03000010561</b> 1. Entity Name <b>MIDWEST MANAGEMENT SERVICES, L.L.C.</b>					
Principal Place of Business <b>6412 HIGH DRIVE SHAWNEE MISSION, KS 66208</b>			Mailing Address <b>6412 HIGH DRIVE SHAWNEE MISSION, KS 66208</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 8670</b> Suite, Apt. #, etc.			
City & State		City & State <b>Shawnee Mission, KS</b>		01092004    Chg-LLC    CR2E083 (10/03)	
Zip		Zip <b>66208</b>		4. FEI Number <b>75-3108704</b>	
Country		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LANE, GLENN 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491</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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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	
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	
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 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.					
<b>SIGNATURE: Mary Reintjes</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3/7/04</b> <b>913-362-6352</b> <small>Date    Daytime Phone #</small>		