## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 12, 2004 8:00 am Secretary of State 03-12-2004 90232 023 \*\*\*\*55.00

Zip Country Zip Country Sp. S. Certificate of Status Desired Sp. \$5.00 Add Country Sp. Country Sp. Certificate of Status Desired Sp. \$5.00 Add Country Sp. S. Certificate of Status Desired Sp. \$5.00 Add Country Sp. S. Certificate of Status Desired Sp. \$5.00 Add Country Sp. Sp. Certificate of Status Desired Sp. Sp. On Add Country Sp. Sp. On Add Country Sp. Sp. On Address of New Registered Agent Name  LANE, GLENN 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491  2. City FL Zip Code Status Desired Sp. Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  2. City FL Zip Code Status Desired Agent Sp. Number is Not Acceptable)  2. City FL Zip Code Status Desired Agent Status Desired Agent Status Desired Agent Status Desired Sp. Number is Not Acceptable)  3. Certificate of Status Desired Sp. Number is Not Acceptable.  3. Certificate of Status Desired Status Desired Sp. Number is Not Acceptable.  3. Certificate of Status Desired Status Desired Sp. Number is Not Acceptable.  3. Certificate of Status Desired Agent Status									MENT # LU3000010	1. Entity Name
SHAWNEE MISSION, KS 66208  2. Principal Place of Business  3. Majiling Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1092004 Chg-LLC CR2E083 (10/03)  City & State  Country  Zip Country Street Address of New Registered Agent Name  IAME City FL Zip Code  III. Significations of registered agent.  Sitreet Address (P.O. Box Number is Not Acceptable)  Diff  Significations of registered agent.  Sitreet Address (P.O. Box Number is Not Acceptable)  Diff  Significations of registered agent.  Significations o					1			Mailing Address		•
Suite, Apt. #, etc.  Suite, Ap	<b></b>	rikia Sirbi kissā	i ovch nath parti Hafi Selai si	en Raiss Wil Sell Path D	I Warran an					
City & State    Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & State   Sity & Si						)		3. Mailing Address	ace of Business	2. Principal Place of
Shaw Reg   Shaw Reg   Shaw Reg   Shaw Reg   Shaw Reg   Show Registered   Shaw Show Registered   Show		(10/03)	C CR2E083 (	Chg-LLC	01092004			Suite, Apt. #, etc.	#, etc.	Suite, Apt. #, etc.
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  LANE, GLENN 10935 SE 177TH PLACE #305 SUMMERFIELD, FL 34491  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, a the obligations of registered agent.  SIGNATURE  Signature, hybor or private reme of registered agent and 186 if applicable.  Phote Registered Agent syndrature required when relimitating  DATE  Make check payable to Florida Department of State  SIREET ADDRESS CITY-SI-ZIP  TITLE  Delete  TITLE  NAME SIREET ADDRESS CITY-SI-ZIP  TITLE  NAME SIREET ADDRESS	plied For Applicable		Ψ			on Ks	M:55			City & State
Name    City   FL   Zip Code		e Required	Fee Fee		<u> </u>			(PP308 -	<u> </u>	<u> </u>
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City		int	New Registered Ager	nd Address of New	7. Name and	Name		Registered Agent	6. Name and Address of Current F	<u>6. P</u>
City FL Zip Code  18. 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, a the obligations of registered agent.  SIGNATURE			:eptable)	ber is Not Acceptat	(P.O. Box Numb	Street Address (			177TH PLACE #305	10935 SE 177TH
*** B. 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, a the obligations of registered agent.    SIGNATURE									TEED, FL 34491	
the obligations of registered agent.  SIGNATURE  Signature. typed or printed name of registered agent and title if applicables. (NOTE: Registered Agent signature required when reinstating)  DATE  Make check payable to Florida Department of State  9:: MANAGING MEMBERS/MANAGERS  10: ADDITIONS/CHANGES  ITILE: NAME STREET ADDRESS  CITY-ST-ZIP  TITLE: NAME STREET ADDRESS  CITY-ST-ZIP  TITLE: NAME STREET ADDRESS  CITY-ST-ZIP  TITLE: NAME STREET ADDRESS  CITY-ST-ZIP  TITLE NAME STREET ADDRESS	t	Zip Code	FL			City				4.
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