

**2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **M00000002046**

1. Entity Name  
**CENDON, L.L.C.**

Principal Place of Business: **7015 COLLEGE BLVD., SUITE 400 OVERLAND PARK KS 66211-1535**  
Mailing Address: **7015 COLLEGE BLVD., SUITE 400 OVERLAND PARK KS 66211-1535**

2. Principal Place of Business: Suite, Apt. #, etc.  
City & State:   
Zip: Country:   
3. Mailing Address: Suite, Apt. #, etc.  
City & State:   
Zip: Country:

4. FEI Number **36-3638269** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$5.00** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**FILED**  
01 SEP -4 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

**000004597860--8**  
**-09/19/01--01024--005**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGR WALSH, ROBERT J 7015 COLLEGE BLVD., SUITE 400 OVERLAND PARK KS 66211-1535</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR MIESKE, JOHN L 7015 COLLEGE BLVD., SUITE 400 OVERLAND PARK KS 66211-1535</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: **SIGNATURE REQUIRED** **8/22/01 913-491-7036**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)

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