

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90285 041 ****50.00

DOCUMENT # M02000001918

1. Entity Name
BROOKE AGENCY SERVICES COMPANY LLC



Principal Place of Business
PO BOX 412008
KANSAS CITY, MO 64141-2008

Mailing Address
PO BOX 412008
KANSAS CITY, MO 64141-2008



2. Principal Place of Business
10950 Grandview

3. Mailing Address
10950 Grandview

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

04012004 Chg-LLC CR2E083 (10/03)

City & State
Overland Park, KS

City & State
Overland Park, KS

4. FEI Number
48-1009756

Applied For
Not Applicable

Zip
66210

Country
USA

Zip
66210

Country
USA

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LOWRY, SHAWN T
10895 GRANDVIEW DRIVE, SUITE 250
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WHIPPLE, BRYAN
10895 GRANDVIEW DR, BLDG 24, STE 250
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHRISTIENSEN, DEAN A
10895 GRANDVIEW DR, BLDG 24, STE 250
OVERLAND PARK, KS 66210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WINCHESTER, TIM
10875 BENSON DR, SUITE 110
OVERLAND PARK, KS 66210** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VB
DEVLIN, DANE
10895 GRANDVIEW DRIVE, SUITE 250
OVERLAND PARK, KS 66210** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VB
MERISKO, SUSAN
5755 MARK DABLIN BLVD, STE 190
COLORADO SPRINGS, CO 80919** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR P
10950 Grandview, Suite 600
Overland Park, KS 66210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
10950 Grandview, Suite 600
Overland Park, KS 66210** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
Albert J. Fioravanti
48 Wall Street, 27th Floor
New York, NY 10005** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Joseph Craven
3343 Perimeter Hill Dr., Ste 320
Nashville, TN 37211** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS MGR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V ☒ 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:

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

Date

Daytime Phone #

Shawn T. Lowry President/Manager

4/1/2004