

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001918

FILED
Jan 08, 2007
Secretary of State

Entity Name: BROOKE AGENCY SERVICES COMPANY LLC

Current Principal Place of Business:

10950 GRANDVIEW
SUITE 600
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

10950 GRANDVIEW
SUITE 600
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 48-1009756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOWRY, SHAWN T PRES.
Address: 10950 GRANDVIEW SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGR () Delete
Name: LOWRY, ANITA VP
Address: 210 WEST STATE STREET
City-St-Zip: PHILLIPSBURG, KS 67661

Title: MGR () Delete
Name: DEVLIN, DANE VP
Address: 19050 GRANDVIEW DR., SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGR () Delete
Name: CRAVEN, JOSEPH VP
Address: 3343 PERIMETER HILL DR.
City-St-Zip: NASHVILLE, TN 37211

Title: MGR () Delete
Name: MERISKO, SUSAN VP
Address: 5755 MARK DABLIN BLVD., SUTIE 790
City-St-Zip: COLORADO SPRINGS, CO 80919

Title: MGR () Delete
Name: WHIPPLE, BRYAN VP
Address: 10950 GRANDVIEW DR., SUITE 600
City-St-Zip: OVERLAND PARK, KS 66210

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHAWN T. LOWRY

PRES

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date