2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000000390

1. Entity Name
PEARSON KENT MCKINLEY RAAF ENGINEERS LLC

Principal Place of Business	Mailing Address
6336 SW 23RD STREET TOPEKA, KS 66614	6336 SW 23RD STREET TOPEKA, KS 66614

01082004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
47-0851998
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES, FL 34012

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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PEARSON, JEROT
STREET ADDRESS	8801 BALLENTINE,S UITE 200
CITY-ST-ZIP	OVERLAND PARK, KS 66214
TITLE	MGRM
NAME	KENT, WILL
STREET ADDRESS	8801 BALLENTINE,S UITE 200
CITY-ST-ZIP	OVERLAND PARK, KS 66214
TITLE	MGRM
NAME	MCKINLEY, SCOTT
STREET ADDRESS	6336 SW 23RD ST.
CITY-ST-ZIP	TOPEKA, KS 66614
TITLE	MGRM
NAME	RAAF, MICHAEL
STREET ADDRESS	8801 BALLENTINE,S UITE 200
CITY-ST-ZIP	OVERLAND PARK, KS 66214
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/22/04-80021-012 50.00

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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: _____ MICHAEL RAAF 1/20/04 (913)492-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #