

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000390

1. Entity Name
PEARSON KENT MCKINLEY RAAF ENGINEERS LLC



Principal Place of Business

6336 SW 23RD STREET
TOPEKA, KS 66614

Mailing Address

6336 SW 23RD STREET
TOPEKA, KS 66614

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC

CR2E083 (10/03)

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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IN THIS SPACE

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PEARSON, JEROT
8801 BALLENTINE, S UITE 200
OVERLAND PARK, KS 66214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KENT, WILL
8801 BALLENTINE, S UITE 200
OVERLAND PARK, KS 66214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCKINLEY, SCOTT
6336 SW 23RD ST.
TOPEKA, KS 66614

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAAF, MICHAEL
8801 BALLENTINE, S UITE 200
OVERLAND PARK, KS 66214

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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01/26/05-80013-015 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

MICHAEL RAAF

Date

1/18/05

Daytime Phone #

913 492-7400