

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001710

FILED  
Jan 13, 2004  
Secretary of State

**Entity Name:** SUMMIT AMERICA INSURANCE SERVICES, L.C.

**Current Principal Place of Business:**

5001 COLLEGE BOULEVARD, SUITE 216  
LEAWOOD, KS 66220

**New Principal Place of Business:**

**Current Mailing Address:**

5001 COLLEGE BOULEVARD, SUITE 216  
LEAWOOD, KS 66220

**New Mailing Address:**

**FEI Number:** 43-1730101

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: WILSON, THOMAS F JR  
Address: 5001 COLLEGE BOULEVARD, SUITE 216  
City-St-Zip: LEAWOOD, KS 66220

Title: MGRM ( ) Delete  
Name: MAYO, PAUL P  
Address: 5001 COLLEGE BOULEVARD, SUITE 216  
City-St-Zip: LEAWOOD, KS 66220

**ADDITIONS/CHANGES:**

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

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 Section 119.07(3)(i), 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: PAUL P. MAYO

MGRM

01/13/2004

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