2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003388

Entity Name: CJD & ASSOCIATES, L.L.C.

FILED Jan 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10950 GRANDVIEW SUITE 500 OVERLAND PARK, KS 66210 **New Mailing Address: Current Mailing Address:** 10950 GRANDVIEW SUITE 500 OVERLAND PARK, KS 66210 FEI Number: 74-2835412 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, STE. 4 WESTON, FL 33331 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: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition HESS, MICHAEL S DANIELS, DONALD C Name: Name: 10950 GRANDVIEW, SUITE 500 Address: 10950 GRANDVIEW, SUITE 500 Address: OVERLAND PARK, KS 66210 City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210 Title: Title: MGRM () Change (X) Addition () Delete Name: Name: GREET, WILLIAM H Address: Address: 10950 GRANDVIEW DRIVE, SUITE 500 City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210 Title: () Delete Title: MGRM () Change (X) Addition TYER, WILLIAM J Name: Name: 10950 GRANDVIEW DRIVE, SUITE 500 Address: Address: City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210 Title: () Delete Title: MGRM () Change (X) Addition Name: Name: SELL, MICHAEL S 10950 GRANDVIEW DRIVE, SUITE 500 Address: Address: City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210 Title: () Delete Title: MGRM () Change (X) Addition HESS, MICHAEL S Name: Name: 10950 GRANDVIEW DRIVE, SUITE 500 Address: Address: City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210 Title: () Delete Title: () Change (X) Addition DROUILLARD, KELLY M Name: Name: Address: Address: 10950 GRANDVIEW DRIVE, SUITE 500 OVERLAND PARK, KS 66210 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD C. DANIELS MGRM 01/11/2008