2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M03000003388

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

Current Principal Place of Business:

10950 GRANDVIEW
SUITE 500
OVERLAND PARK, KS 66210

New Principal Place of Business:

15200 SANTA FE TRAIL DRIVE
SUITE 201
LENEXA, KS 66210

Current Mailing Address:

10950 GRANDVIEW
SUITE 500
OVERLAND PARK, KS 66210

New Mailing Address:

15200 SANTA FE TRAIL DRIVE
SUITE 201
LENEXA, 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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 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:	MGRM	( ) Delete
Name:	DANIELS, DONALD C	
Address:	10950 GRANDVIEW, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	
Title:	MGRM	( ) Delete
Name:	GREET, WILLIAM H	
Address:	10950 GRANDVIEW DRIVE, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	
Title:	MGRM	(X) Delete
Name:	TYER, WILLIAM J	
Address:	10950 GRANDVIEW DRIVE, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	
Title:	MGRM	(X) Delete
Name:	SELL, MICHAEL S	
Address:	10950 GRANDVIEW DRIVE, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	
Title:	MGRM	(X) Delete
Name:	HESS, MICHAEL S	
Address:	10950 GRANDVIEW DRIVE, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	
Title:	MGRM	(X) Delete
Name:	DROUILLARD, KELLY M	
Address:	10950 GRANDVIEW DRIVE, SUITE 500	
City-St-Zip:	OVERLAND PARK, KS 66210	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	DANIELS, DONALD C	
Address:	15200 SANTA FE TRAIL DRIVE, SUITE 201	
City-St-Zip:	LENEXA, KS 66219	
Title:	MGRM	(X) Change ( ) Addition
Name:	BAILEY, JIM	
Address:	15200 SANTA FE TRAIL DRIVE, SUITE 201	
City-St-Zip:	LENEXA, KS 66219	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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 04/21/2009

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