2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2006
Secretary of State

DOCUMENT# M04000001313

Entity Name: TLCONCEPTS, LLC

Current Principal Place of Business:

13401 MISSION ROAD STE 205
LEAWOOD, KS 66205

New Principal Place of Business:

13401 MISSION ROAD
SUITE 214
LEAWOOD, KS 66209

Current Mailing Address:

13401 MISSION ROAD STE 205
LEAWOOD, KS 66205

New Mailing Address:

13401 MISSION ROAD
SUITE 214
LEAWOOD, KS 66209

FEI Number: 32-0085107 **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
SUITE 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: MGR ( ) Delete
Name: TRICKEY, TAMRA
Address: 13401 MISSION ROAD STE 205
City-St-Zip: LEAWOOD, KS 66205

Title: MGR ( ) Delete
Name: WALDEN, JOHN W
Address: 13401 MISSION ROAD STE 205
City-St-Zip: LEAWOOD, KS 66205

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TRICKEY, TAMRA L
Address: 13401 MISSION ROAD STE 214
City-St-Zip: LEAWOOD, KS 66209

Title: MGRM (X) Change ( ) Addition
Name: WALDEN, JOHN W
Address: 13401 MISSION ROAD STE 214
City-St-Zip: LEAWOOD, KS 66209

I hereby certify that the information supplied with this filing does not qualify for the 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: TAMRA TRICKEY MGRM 02/03/2006

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