

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003906.

1. Entity Name
STORE FINANCIAL SERVICES, LLC



Principal Place of Business
7225 WEST 95TH ST. SUITE 325
OVERLAND PARK, KS 66212

Mailing Address
7225 WEST 95TH ST. SUITE 325
OVERLAND PARK, KS 66212



01052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1552943

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
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
MGR
MUELLER, RICHARD
7223 W. 95TH ST. SUITE 325
OVERLAND PARK, KS 66212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
KRIGEL, SCOTT
7223 W. 95TH ST. SUITE 325
OVERLAND PARK, KS 66212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
SOBEK, MICHAEL F
7223 W. 95TH ST. SUITE 325
OVERLAND PARK, KS 66212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MIROSLAW, MICHAEL
7223 W. 95TH ST. SUITE 325
OVERLAND PARK, KS 66212

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000288809
04/05/05-80026-002 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Michael S. Mirosław*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-1-05

Date

(913) 648-2244

Daytime Phone #