2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 25, 2006 8:00 am Secretary of State

1. Entity Name STORE FINANCIAL SERVICES, LLC					04-25-2006 90	0021 040 ****55.	00				
Principal Place of Business 7225 WEST 95TH ST. SUITE 325 OVERLAND PARK, KS 66212 Mailing Address 7225 WEST 95TH ST OVERLAND PARK, KS					20032000						
717	lace of Business 1 W. 95th St.	3. Mailing Address	<u> </u>								
	ite 400	Svite 4	04112006	Chg-LLC	CR2E083 (11/05)						
City & State	end Park, KS		r-K, KS	4. FEI Numb		├	pplied For ot Applicable				
Zip (e (QZ12 USA	Zip Le Le 212	Country USF	5. Certificate	e of Status Desired	\$5.00 Ad Fee Require					
	6. Name and Address of Current R	Registered Agent		7. Name an	d Address of New R	egistered Agent					
MOALCED	VICES INC		Name								
	VICES, INC. CUTIVE PARK DRIVE		ddress (P.O. Box Numl	P.O. Box Number is Not Acceptable)							
WESTON,	\	*:#:a-									
	ş		City			FL Zip Coo					
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 ar	nd title if applicable. (NOTE: R	tegistered Agent signati	re required when reinstating)	<u></u>	DATE					
Filing Fee is \$50.00 Due by May 1, 2006											
						e check payable to a Department of Sta	te				
		RS/MANAGERS	10.			Department of Sta	te .				
9. TITLE	MANAGING MEMBER	RS/MANAGERS	TITLE	MGR	Florida ADDITIONS/	CHANGES	te ☐ Addition				
9. TITLE NAME	MANAGING MEMBER MGR MUELLER, RICHARD		TITLE NAME		Florida ADDITIONS/	CHANGES					
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR MUELLER, RICHARD 7223 W. 95TH ST. SUITE 325		TITLE NAME STREET ADDRESS	Mueller, Ric 7171 W. 95	ADDITIONS/ Mard In St. Suite	CHANGES Change					
9. TITLE NAME STREET ADDRESS CHY-ST-ZIP	MANAGING MEMBER MGR MUELLER, RICHARD 7223 W. 95TH ST. SUITE 325 OVERLAND PARK, KS 66212	☐ Delate	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mueller, Ric 7171 W. 95 Overland 1	ADDITIONS/ Mard In St. Suite	CHANGES Change Change Change	☐ Addition				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:	Bon	Michael	Miroslaw	4/12/	06	913-967-2111
SIGNATURE AND TH	ND TOPED OR SAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT				Date	Daytime Phone #