

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2006 90021 040 ****55.00

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04112006 Chg-LLC CR2E083 (11/05)

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	
2. Principal Place of Business 7171 W. 95th St.		3. Mailing Address 7171 W. 95th St.		4. FEI Number 72-1552943	
Suite, Apt. #, etc. Suite 400		Suite, Apt. #, etc. Suite 400			
City & State Overland Park, KS		City & State Overland Park, KS			
Zip 66212		Zip 66212			
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUELLER, RICHARD 7223 W. 95TH ST. SUITE 325 OVERLAND PARK, KS 66212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Mueller, Richard 7171 W. 95th St. Suite 400 Overland Park, KS 66212
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRIGEL, SCOTT 7223 W. 95TH ST. SUITE 325 OVERLAND PARK, KS 66212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Krigel, Scott 7171 W. 95th St. Suite 400 Overland Park, KS 66212
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SOBEK, MICHAEL F 7223 W. 95TH ST. SUITE 325 OVERLAND PARK, KS 66212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Sobek, Michael F. 7171 W. 95th St. Suite 400 Overland Park, KS 66212
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIROSLAW, MICHAEL 7223 W. 95TH ST. SUITE 325 OVERLAND PARK, KS 66212	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Miroslaw, Michael 7171 W. 95th St. Suite 400 Overland Park, KS 66212
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>Michael Miroslaw</u> <u>4/12/06</u> <u>913-967-2441</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					