
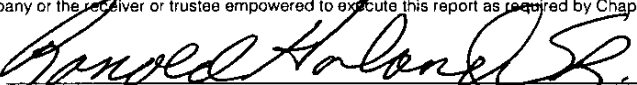


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90127 024 ****50.00

DOCUMENT # M05000003937 1. Entity Name EVOLV SOLUTIONS, L.L.C.					
Principal Place of Business 9401 INDIAN CREEK PARKWAY BLDG 40, SUITE 250 OVERLAND PARK, KS 66210			Mailing Address 9401 INDIAN CREEK PARKWAY BLDG 40, SUITE 250 OVERLAND PARK, KS 66210		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04282006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 68-0482907	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INCORP SERVICES, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLAND, RONALD SR.		NAME		
STREET ADDRESS	9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 66210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLAND, RONALD JR.		NAME		
STREET ADDRESS	9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 66210		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLAND, ERIC		NAME		
STREET ADDRESS	9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250		STREET ADDRESS		
CITY-ST-ZIP	OVERLAND PARK, KS 66210		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			5-12-06		913-469-8900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>