

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004059

FILED
Mar 19, 2009
Secretary of State

Entity Name: PERSONALIZED BROKERAGE SERVICES, LLC

Current Principal Place of Business:

6001 SW SIXTH AVE, #300
TOPEKA, KS 666151006

New Principal Place of Business:

6001 SW SIXTH AVE.,
#300
TOPEKA, KS 66615

Current Mailing Address:

6001 SW SIXTH AVE, #300
TOPEKA, KS 666151006

New Mailing Address:

6001 SW SIXTH AVE.,
#300
TOPEKA, KS 66615

FEI Number: 20-2900632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SEELYE, PATRICK K
Address: 6001 SW SIXTH AVE, #300
City-St-Zip: TOPEKA, KS 666151006

Title: MGR () Delete
Name: PETERSON, BRIAN
Address: 6001 SW SIXTH AVE, #300
City-St-Zip: TOPEKA, KS 666151006

Title: MGR () Delete
Name: THOMAS, ANTHONY
Address: 6001 SW SIXTH AVE, #300
City-St-Zip: TOPEKA, KS 666151006

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMAS, ANTHONY G
Address: 6001 SW SIXTH AVE., #300
City-St-Zip: TOPEKA, KS 66615

Title: MGR (X) Change () Addition
Name: SEELYE, PATRICK
Address: 6001 SW SIXTH AVE., #300
City-St-Zip: TOPEKA, KS 66615

Title: MGR (X) Change () Addition
Name: PETERSON, BRIAN B
Address: 6001 SW SIXTH AVE., #300
City-St-Zip: TOPEKA, KS 66615

I hereby certify that the information supplied with this filing does not qualify 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: LAURA LOUIS

POA

03/19/2009

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