## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **DOCUMENT # M06000003330**

1. Entity Name

SPENCER REED GROUP, LLC". 4



**FILED** Feb 21, 2008 08:00 Al Secretary of State

Principal Place of Business

6900 COLLEGE BOULEVARD, SUITE ONE OVERLAND PARK, KS 66211

Mailing Address

6900 COLLEGE BOULEVARD, SUITE ONE OVERLAND PARK, KS 66211



01302008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	-		Applied For
	20-4586958			Not Applicab
5.	Certificate of Status Desired		\$5.00 Fee Rec	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

			•		
	named entity submits this statement for the purpose of changions of registered agent	ging its registere	d office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and litle if applicable (NOTE. Registered			Agent signature required when reinstating) DATE		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U 02/2	00000834596 8/08-80059-011 138,75	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SRG MANAGEMENT, LLC 6900 COLLEGE BLVD', STE. ONE OVERLAND PARK, KS 66211				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*	IN THIS SPACE		
TITLE NAME STREET ADDRESS					

11. I hereby certify that the information supplied with this filling 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 undor oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP TITLE NAME . STREET ADDRESS CITY-ST-ZIP