


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90044 036 ****50.00

DOCUMENT # M97000000046					
1. Entity Name MYERS AND STAUFFER LC					
Principal Place of Business 4123 SW GAGE CENTER DRIVE, SUITE 200 TOPEKA, KS 66604			Mailing Address 4123 SW GAGE CENTER DRIVE, SUITE 200 TOPEKA, KS 66604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 48-1164042	
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		
MYERS, BRUCE L 1200 GULF BLVD., #1903 CLEARWATER, FL 33767			Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code		
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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONDEEN, KEVIN C 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy C. Perry 100 Army Post Road Des Moines, IA 50315
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUOY, KEENAN 9265 COUNSELORS ROW SUITE 200 INDIANAPOLIS, IN 46240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	John B. Dresslar 400 Redland Court Suite 205 Owings Mills, MD 21117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADE, KATHRYN M 4123 SW GAGE CENTER DR. TOPEKA, KS 66604	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERICKSON, JAMES D 11440 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNERR, KRISTOPHER J 9265 COUNSELORS ROW SUITE 200 INDIANAPOLIS, IN 46240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUZAN, JARED B 9265 COUNSELORS ROW SUITE 200 INDIANAPOLIS, IN 46240	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR
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>Kathryn M Wade</u> <u>Kathryn M. Wade</u> <u>4-24-07</u> <u>785 228 6700</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					