2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 06, 2006 8:00 am
Secretary of State
05-01-2006 90033 021 ****50.00

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1. Entity Name
LASERSOFT MANAGEMENT, L.L.C.

30009669

Principal Place of Business	Mailing Address
10525 NW AMBASSADOR DR SUITE 300 KANSAS CITY, MO 64153	10525 NW AMBASSADOR DR SUITE 300 KANSAS CITY, MO 64153

04132006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1783236
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEDBLAKE, G W
STREET ADDRESS	16730 CAPTIVA DRIVE
CITY-ST-ZIP	CAPTIVA, FL 33924
TITLE	MGRM
NAME	NEDBLAKE, JEFFREY B
STREET ADDRESS	10525 NW AMBASSADOR DR
CITY-ST-ZIP	KANSAS CITY, MO 64153
TITLE	MGRM
NAME	JONES, RUSSELL G JR
STREET ADDRESS	10525 NW AMBASSADOR DR
CITY-ST-ZIP	KANSAS CITY, MO 64153
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Russell J Jones Manager 05/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #