


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90123 040 ***138.75

DOCUMENT # M98000000465 1. Entity Name LASERSOFT MANAGEMENT, L.L.C.					
Principal Place of Business 10525 NW AMBASSADOR DR SUITE 300 KANSAS CITY, MO 64153			Mailing Address 10525 NW AMBASSADOR DR SUITE 300 KANSAS CITY, MO 64153		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. SUITE 208		3. Mailing Address Suite, Apt. #, etc. SUITE 208			
City & State _____		City & State _____		4. FEI Number 43-1783236	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEDBLAKE, G W 16730 CAPTIVA DRIVE CAPTIVA, FL 33924	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEDBLAKE, JEFFREY B 10525 NW AMBASSADOR DR KANSAS CITY, MO 64153	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, RUSSELL G JR 10525 NW AMBASSADOR DR KANSAS CITY, MO 64153	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO R MICHAEL REED 10525 NW AMBASSADOR DR, SUITE 208 KANSAS CITY, MO 64153	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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: R MICHAEL REED CFO 4-17-08 816-935-1856					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					