


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000315	
1. Entity Name WEST PALM BREAD, LLC	

Principal Place of Business 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220	Mailing Address 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
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02272006 No Chg-LLC CR2E063 (11/05)

4. FEI Number 48-1241985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

KIRK, WILLIAM N
 GOULD, COOKSEY, FENNEL ET AL, PA
 979 BEACHLAND BLVD
 VERO BEACH, FL 32963

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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 _____ (NOTE: Registered Agent signature required when reselecting) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006

UN0000461815
03/21/06-80011-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLICK, H. ROGER 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WILLIAM J JR. 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, LARRY F 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK, ALBERT J 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, DALE E 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KENNETH R 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220

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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: William J Walsh Jr *William J Walsh Jr 3/3/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #