


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 037 ****50.00

DOCUMENT # M01000001163

1. Entity Name
MISSION BREAD, LLC



Principal Place of Business
**2414 N. WOODLAWN #201
 WICHITA, KS 67220**

Mailing Address
**2414 N. WOODLAWN #201
 WICHITA, KS 67220**

6404J013



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
48-1247079

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

6. Name and Address of Current Registered Agent
**KIRK, WILLIAM N
 MOSS, HENDERSON, BLANTON, ET AL, P.A.
 817 BEACHLAND BOULEVARD
 VERO BEACH, FL 32964**

7. Name and Address of New Registered Agent
 Name **William N Kirk**
 Street Address (P.O. Box Number is Not Acceptable)
**Gould, Cooksey, Fennell et al, PA
 979 Beachland Blvd**
 City **Vero Beach** FL Zip Code **32963**

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, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, WILLIAM J JR 4412 E 77TH N. VALLEY CENTER, KS 67047	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAROLICK, H. ROGER 13815 PINNACLE DRIVE WICHITA, KS 67230	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALAND CORPORATION 2414 N. WOODLAWN #201 WICHITA, KS 67220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, LARRY F 2414 N. WOODLAWN #201 WICHITA, KS 67220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGGINS, DALE E 2414 N. WOODLAWN #201 WICHITA, KS 67220	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Al Schmitt* TREASURER Date 4/12/04 Daytime Phone # 316 681 1081

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