


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90134 003 ****50.00

DOCUMENT # M01000001163 1. Entity Name MISSION BREAD, LLC	
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Principal Place of Business 2414 N. WOODLAWN #201 WICHITA, KS 67220	Mailing Address 2414 N. WOODLAWN #201 WICHITA, KS 67220
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03142005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1247079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALSH, WILLIAM J JR 4412 E 77TH N. VALLEY CENTER, KS 67047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAROLICK, H. ROGER 13815 PINNACLE DRIVE WICHITA, KS 67230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALAND CORPORATION 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAYNE, LARRY F 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIGGINS, DALE E 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: William J. Walsh Date: 3/24/05

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