


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90024 041 ****50.00

| | |
|--|---|
| DOCUMENT # M02000000698 1. Entity Name DELRAY BEACH BREAD, LLC |  |
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|---|---|
| Principal Place of Business 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | Mailing Address 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 |
|---|---|

24045910



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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

04132004 Chg-LLC CR2E083 (10/03)

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|---|--|
| 4. FEI Number 75-3024882 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 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 |
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|-------------------------------|--|-------------------------------|---|
| TITLE NAME | MGR KAROLICK, H. ROGER <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | MGR PAYNE, LARRY F <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | MGR WIGGINS, DALE E <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | MGR WALSH, WILLIAM J JR <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | MGR KIRK, ALBERT J <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | MGR MILLER, KENNETH R <input type="checkbox"/> Delete | TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 | STREET ADDRESS CITY-ST-ZIP | |

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 Stewart* *Treasurer* 4/12/04 316-681-1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #