#### **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # M02000000698

1. Entity Name

DELRAY BEACH BREAD, LLC



Principal Place of Business

2414 NORTH WOODLAWN SUITE 201

WICHITA, KS 67220

Mailing Address

2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220

20024912



03142005No Chg-LLC

CR2E083 (10/03)

FILED

Mar 25, 2005 8:00 am Secretary of State

03-25-2005 90135 010 \*\*\*\*50.00

Applied For 4. FEI Number 75-3024882 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 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

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<ol> <li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li> </ol>	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept	×t
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	ļ
Filing Fee is \$50.00			

### Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KAROLICK, H. ROGER
STREET ADDRESS	2414 NORTH WOODLAWN SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	PAYNE, LARRY F
STREET ADDRESS	2414 NORTH WOODLAWN SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	WIGGINS, DALE E
STREET ADDRESS	2414 NORTH WOODLAWN SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	WALSH, WILLIAM J JR
STREET ADDRESS	2414 NORTH WOODLAWN SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	KIRK, ALBERT J
STREET ADDRESS	
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	MILLER, KENNETH R
STREET ADDRESS	2414 NORTH WOODLAWN SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
11. I hereby certify that the information supplied with this filling does not qualify for the ex-	

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11.	I hereby certify that the information supplied with this filling 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.

EMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #