


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-19-2004 90024 042 \*\*\*\*50.00

DOCUMENT # M02000001022			
1. Entity Name COMMONS BREAD, LLC			
Principal Place of Business 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220		Mailing Address 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 75-3041511		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		7. Name and Address of New Registered Agent	
KIRK, WILLIAM N MOSS, HENDERON, BLANTON, ET AL, P.A. 817 BEACHLAND BOULEVARD VERO BEACH, FL 32964		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
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 STREET ADDRESS CITY - ST - ZIP	MGR KAROLICK, H. ROGER 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAYNE, LARRY F 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WIGGINS, DALE E 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALSH, WILLIAM J JR 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRK, ALBERT J 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, KENNETH R 2414 N. WOODLAWN, STE. 201 WICHITA, KS 67220 <input type="checkbox"/> Delete	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: <i>William N Kirk</i>		TREASURER <i>[Signature]</i> 4/12/04 316-681-1081	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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