


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90024 040 ****50.00

DOCUMENT # M02000001023

1. Entity Name
BAL HARBOUR BREAD, LLC



Principal Place of Business
**2414 NORTH WOODLAWN, STE. 201
 WICHITA, KS 67220**

Mailing Address
**2414 NORTH WOODLAWN, STE. 201
 WICHITA, KS 67220**

24040011



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)

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**

4. FEI Number
27-0007888

Applied For
 Not Applicable

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

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAROLICK, H. ROGER 2414 NORTH 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 NORTH 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 NORTH 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 NORTH 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 NORTH 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 NORTH 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: *William N Kirk* TREASURER Date **4/12/04** Daytime Phone # **316 681 1081**