


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000002583  
 1. Entity Name  
 CORAL SPRINGS BREAD, LLC



Principal Place of Business      Mailing Address  
 2414 NORTH WOODLAWN SUITE 201      2414 NORTH WOODLAWN SUITE 201  
 WICHITA, KS 67220      WICHITA, KS 67220

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 45-0491098	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 \_\_\_\_\_ 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, 2006**

W00000461829  
 03/21/06-80011-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLICK, H. ROGER 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, LARRY F 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WIGGINS, DALE E 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WILLIAM J JR 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK, ALBERT J 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KENNETH R 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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      WILLIAM J WALSH JR 3/3/06      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #