


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04-19-2004 90024 044 \*\*\*\*50.00

**DOCUMENT # M03000000401**

1. Entity Name  
**BOYNTON BREAD, LLC**



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

Mailing Address  
**2414 NORTH WOODLAWN SUITE 201  
 WICHITA, KS 67220**

**24045907**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04012004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number  
**74-3078169**

Applied For  
 Not Applicable

Zip Country

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

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**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KAROLICK, H. ROGER 2414 N. WOODLAWN #201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALSH, WILLIAM J JR. 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAYNE, LARRY F 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WIGGINS, DALE E 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, KENNETH R 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRK, ALBERT J 2414 NORTH WOODLAWN SUITE 201 WICHITA, KS 67220 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Albert J Kirk* *Tobias* 4/12/04 316 481 1081  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #