2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000001022

1. Entity Name

SAWGRASS LANDING BREAD, LLC



Mar 25, 2005 8:00 am Secretary of State 03-25-2005 90135 020 ****50.00

FILED

Principal Place of Business

Mailing Address

2414 NORTH WOODLAWN, SUITE 201 WICHITA, KS 67220

2414 NORTH WOODLAWN, SUITE 201 WICHITA, KS 67220



03142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 01-0778436 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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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The above named entity submits this statement for the purpose of char the obligations of registered agent.	aging its registered office or registered agent, or both, in the	he State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

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	2414 NORTH WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	MILLER, KENNETH R
STREET ADDRESS	2414 NORTH WOODLAWN, SUITE 201
STREET ADDRESS	=

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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.

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #