## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M03000001022** 

1. Entity Name SAWGRASS LANDING BREAD, LLC



FILED Feb 12, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2414 NORTH WOODLAWN, SUITE 201 WICHITA, KS 67220

2414 NORTH WOODLAWN, SUITE 201 WICHITA, KS 67220



DO NOT WRITE IN THIS SPACE

02072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 01-0778436 Applied For Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

## Filing Fee is \$50.00 Due by May 1, 2007

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			
CITY-ST-ZIP	WICHITA, KS 67220			
11. I hereby certify that the information supplied with this filing does not gu				

U00000632896 02/21/07-80040-012 S0.00

## DO NOT WRITE IN THIS SPACE

11.	I hereby certify that the information supplied with this filling 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.

SIC	GN/	ATI	UR	Ε

AND TYPED OR PRINTE

I NAME OF BIGHING M

WILLIAM J W

2/7/07

Date

Daytime Phone #