


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-19-2004 90024 049 ****50.00

DOCUMENT # M03000001339

1. Entity Name
PLANTATION BREAD, LLC



Principal Place of Business
**2414 N. WOODLAWN #201
 WICHITA, KS 67220**

Mailing Address
**2414 N. WOODLAWN #201
 WICHITA, KS 67220**

24045902



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

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

City & State

Zip Country

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number **33-1060941**

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 _____ 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**

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 PAYNE, LARRY 2414 N. WOODLAWN #201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALSH, WILLIAM J 2414 N. WOODLAWN #201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KIRK, ALBERT J 2414 N. WOODLAWN #201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLER, KENNETH 2414 N. WOODLAWN #201 WICHITA, KS 67220 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: *William N Kirk* *T. Blanton* 4/12/04 266 681 1081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #