


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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
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DO NOT WRITE IN THIS SPACE



02272006 No Chg-LLC CR2E093 (11/05)

4. FEI Number 33-1060941	Applied For Not Applicable
6. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

UN0000461840
03/21/06-80011-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAROLICK, H. ROGER 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PAYNE, LARRY 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSH, WILLIAM J 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIRK, ALBERT J 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, KENNETH 2414 N. WOODLAWN #201 WICHITA, KS 67220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 606, Florida Statutes.

SIGNATURE: *William J Walsh, Jr* **WILLIAM J WALSH, JR** **3/3/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time/Phone #