


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90194 001 \*\*\*\*50.00

**DOCUMENT # M03000003374**

1. Entity Name  
**HALLANDALE DIPLOMAT BREAD, LLC**



Principal Place of Business      Mailing Address  
**2414 N. WOODLAWN, SUITE 201**      **2414 N. WOODLAWN, SUITE 201**  
**WITCHITA, KS 67220**      **WITCHITA, KS 67220**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2414 N WOODLAWN**      **2414 N WOODLAWN**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 201**      **SUITE 201**

City & State      City & State  
**WICHITA KS**      **WICHITA**  
 Zip      Country      Zip      Country  
**67220 USA**      **67220 USA**



02072007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**72-1571725**      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**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 608, Florida Statutes.

**SIGNATURE:** William J Walsh, Jr      William J WALSH, JR      2/7/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #