

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


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FILED
Apr 11, 2006 8:00 am
Secretary of State

03-21-2006 90297 003 ****50.00

DOCUMENT # M05000000738

1. Entity Name
NORTHLAKE BREAD, LLC



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

Mailing Address
 2414 N. WOODLAWN, SUITE 201
 WICHITA, KS 67220

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

30004774

02272006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2016948

5. Certificate of Status Desired \$5.00 Additional Fee Required

Applied For
 Not Applicable



6. Name and Address of Current Registered Agent

KIRK, WILLIAM N
979 BEACHLAND BOULEVARD
VERO BEACH, FL 32964

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 re-registering) DATE _____

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAROLICK, H. ROGER		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAYNE, LARRY F		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, DALE E		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, WILLIAM J JR.		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, ALBERT J		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KENNETH R		NAME		
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201		STREET ADDRESS		
CITY-ST-ZIP	WICHITA, KS 67220		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 3/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #