2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005837

CITY PLACE BREAD, LLC



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

Principal Place of Business

2414 N. WOODLAWN, SUITE 201 WICHITA, KS 67220

Mailing Address

2414 N. WOODLAWN, SUITE 201 WICHITA, KS 67220



DO NOT WRITE IN THIS SPACE

02072007 No Cha-LLC

CR2E083 (11/05)

4. FEI Number 20-5624173 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 979 BEACHLAND BLVD. VERO BEACH, FL 32964

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 N. WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	PAYNE, LARRY F
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201
CITY-\$T-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	WIGGINS, DALE E
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	WALSH, WILLIAM J JR.
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	KIRK, ALBERT J
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
TITLE	MGR
NAME	MILLER, KENNETH R
STREET ADDRESS	2414 N. WOODLAWN, SUITE 201
CITY-ST-ZIP	WICHITA, KS 67220
11. I hereby certify that the information supplied with this filing does not qualify for the	

U00000632892 02/21/07-80040-008 50.00

DO NOT WRITE IN THIS SPACE

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 trability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED

AGING MEMBER, OR AUTHORIZED REPRESENTATIVE

WILLIAM

Daytime Phone #