

**2006-LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020243**

1. Entity Name  
KNEAD THE DO, L.L.C.



Principal Place of Business  
660 W 23RD STREET  
PANAMA CITY, FL 32405

Mailing Address  
660 W 23RD STREET  
PANAMA CITY, FL 32405



01202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0478949	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HARE, DIANE C CPA  
2589 JENKS AVENUE  
PANAMA CITY, FL 32405

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BERTRAND, LISA
STREET ADDRESS	1135 S. PASADENA AVE., 327-C
CITY - ST - ZIP	SAINT PETERSBURG, FL 33707

TITLE	MGRM
NAME	MEISNER, GILBERT
STREET ADDRESS	1219 THOMAS DRIVE #141
CITY - ST - ZIP	PANAMA CITY, FL 32408

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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STREET ADDRESS	
CITY - ST - ZIP	

U000000453103  
03/14/06-80007-005 55.00

**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 608, Florida Statutes.

**SIGNATURE:**

*Gilbert Meisner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/28/06

Date

850 319 8713

Daytime Phone #