## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANIVOAL REPORT				Secretary of State		
DOCUMENT # M01000001163				à l		
1. Entity Nam	BREAD, LLC					
MISSION	BREAD, LLC					
Principal Plac	e of Business	Mailing Address		_		
	ODLAWN #201	2414 N. WOODLAWN #	201	}		
WICHITA, KS	67220	Wichita, KS 67220	į			
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}	<del></del>		<u> </u>			
DO NOT WRITE IN THIS SPA				02272006No Chg-LLC CR2E083 (11/05)		
			PACE	4. FEI Number Applied For		
}				48-1247079 Not Applicab		
				5. Certificate of Status Desired  Fee Required		
	6. Name and Address of Cu	rrent Registered Agent				
KIRK, WIL	I IAM N			DO NOT MIDITE		
GOULD, COOKSEY, FENNELL ET AL, PA			(	DO NOT WRITE		
979 BEACHLAND BLVD			<b>}</b>	IN THIS SPACE		
VERO BEACH, FL 32963				IN THIS STACE		
8. The above	named entity submits this statem	ent for the purpose of changing its:	registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept		
the obligat	tions of registered agent,		;			
SIGNATURE.	Signature, typed or brinted name of registerer	target and the warmaness prover	<u> </u>	DATE		
ļ	Syname, gpas of preventioning of regulater	18gent and the it appreade (NO)E	Registered Agent signature req	tured when renstating) DATE		
F	liing Fee is \$50.00			U00000461818		
۳	ue by May 1, 2006			03/21/05-80011-010-50.00		
8.	MANAGING M	EMBERS/MANAGERS				
TITLE	MGRM					
PAME	WALSH, WILLIAM J JR		· ·			
STREET ADDRESS	4412 E 77TH N.					
C174-S1-21P	VALLEY CENTER, KS 670	<del>1</del> 7				
THE	MGRM		1			
NAME	KAROLICK, H. ROGER		1			
SIREET ABBRESS CITY-SI-ZIP	13815 PINNACLE DRIVE	-				
<del></del>	WICHITA, KS 67230					
NAME	DALAND CORPORATION					
STREET ADDRESS	2414 N. WOODLAWN #201		1			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE		
nue MGRM						
NAME	PAYNE, LARRY F		I	IN THIS SPACE		
STREET ADDRESS	2414 N. WOODLAWN #201	-				
E177-SY-Z#P	WICHITA, KS 67220					
TITLE	MGRM					
NAME	WIGGINS, DALE E	_	1			
STREET ADORESS	2414 N. WOODLAWN #201		1			

11. I hereby certify that the information supplied with this filling 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 808, Florida Statutes.

SIGNATURE: WILLIAM J WANT TO 3/3/06

SIGNATURE AND TYPED OR PRINTED PLANS & SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Delo Deputity Proces 4

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP WICHITA, KS 57220